

THE **CANADIAN HOSPITAL**

**OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL**

SEPTEMBER, 1950

Congratulations!

to Santa Teresita

Sanatorium,

Duarte, Calif.

on its Efficient, Modern,

Laundry Department

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•



Requiring minimum space, the efficient 3-Machine Laundry at Santa Teresita Sanatorium consists of CASCADE Washer, Solid Curb Extractor and gas-heated AIRCRAFT Drying Tumbler.

PROBLEM: When expanding its facilities, this 117-bed Sanatorium decided to replace labor-consuming, household-type laundry machines which had proved costly to operate. But what size and type professional equipment was needed?

SOLUTION: Sisters called in our Laundry Advisor. Carefully analyzing volume of linens required, he submitted plans for a compact, simple-to-operate unit to provide all benefits of modern, high-speed equipment. Plans were approved, and the new laundry installed.

RESULTS: Only one person is needed to operate the modern equipment which assures an abundance of clean linens for all departments throughout the Sanatorium. Laundering quality meets strictest sanitation standards. Most welcome savings are made in laundry costs.

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SOLID CURB EXTRACTOR

At Santa Teresita Sanatorium, one of our sturdily built extractors quickly removes water from washed linens by gentle centrifugal action. Engineered for simple, safe operation, extractor has Push-Button Controls and Automatic Safety Cover. Automatic Spindle Oiling Device, Balancing Device and Electrically Interlocked Brake assure long, trouble-free service.

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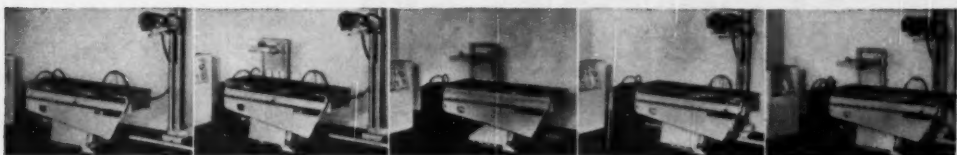
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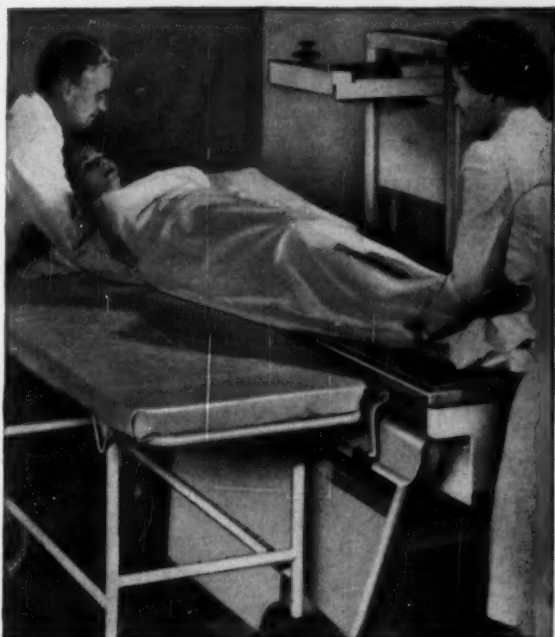


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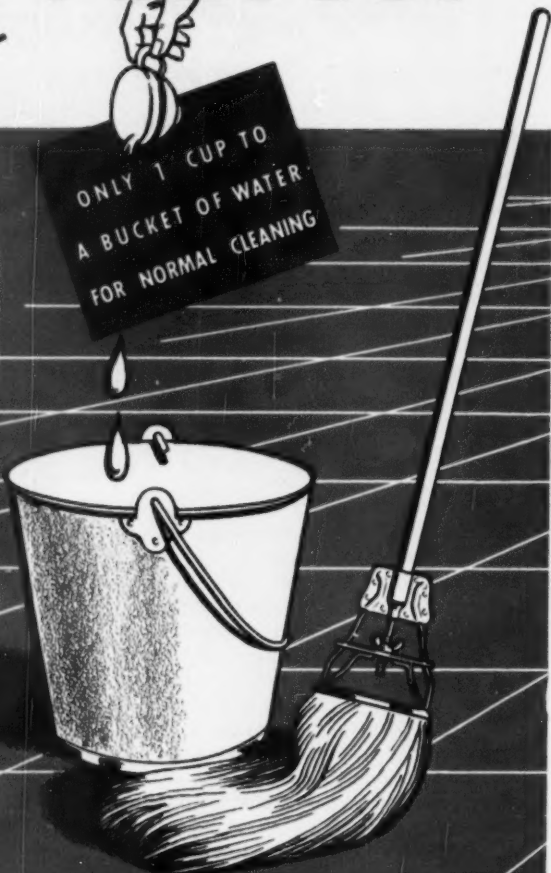
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Across the Desk

By C.A.E.

Journalism Books Now Sent Abroad Via CARE-UNESCO Plan

In response to numerous requests from foreign colleges and high schools, journalism has been added to the categories of books which can be sent overseas through the CARE-UNESCO Book Fund, which provides new Canadian, American, and British scientific and technical books for educational institutions in 20 European and Asiatic countries.

A desire to help establish a free and constructive press was voiced by the many institutions which listed journalism in the schedule of book needs gathered by CARE representatives abroad.

Under the book plan, which has been added to the CARE food and textile package service, contributions in any amount can be sent to the Book Fund at the agency's headquarters, 73 Albert Street, Ottawa, Ontario, or any local CARE office. Sums under \$10 are pooled in the general fund. Donors of \$10 or more may specify the country, institution and book category. CARE makes delivery in their name and returns a receipt signed by the recipient.

* * * *

General Steel Wares Limited Announce Coronet Stainless Steel Ware

Created entirely by Canadian designers and craftsmen, a new line of Coronet stainless steel utensils is announced by J. H. McIroy, Vice-President in charge of



sales of General Steel Wares Limited. Coronet Ware consists of two sizes of double boilers, three covered saucepans and two covered skillets and is made from an exclusive stainless steel material featuring

an inner core of fast conducting metal which spreads heat from any type of burner quickly throughout the bottom and sides of the article. This material permits quick economical cooking on low heat and the snug fitting covers retard the escape of moisture thus providing for the "waterless cooking" method of preparing vegetables.

* * * *

Sharp & Dohme Product for Treatment of Urinary Infections

Sharp & Dohme (Canada) Ltd., Toronto, have announced the national release of 'Thalezyl' capsules, said to be an effective bacteriostatic-antiseptic combination

(Continued on page 16)



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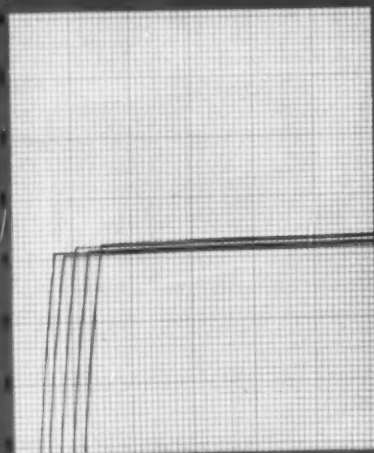
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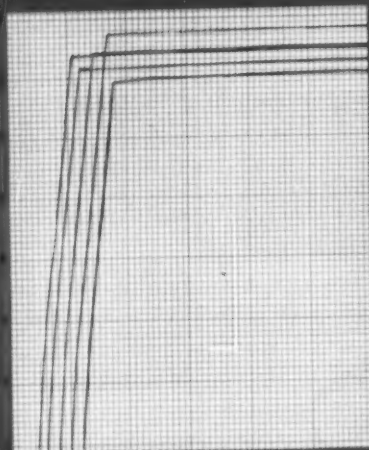
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Improved Anacap Surgical Silk, size 00, has greater tensile strength, is much more resistant to breaking. It permits use of smaller gauge sutures in all situations requiring silk.



New improved ANACAP[®] SURGICAL SILK

Greater tensile strength: New improved Anacap Surgical Silk, one of the strongest silk sutures ever developed, allows the use of smaller diameters. Trauma and tissue reaction are minimized.

Withstands repeated sterilization: Anacap surgical silk can be boiled or autoclaved repeatedly without clinically significant loss of strength. In laboratory tests almost the full original strength is maintained even after twenty-three and one half hours of boiling

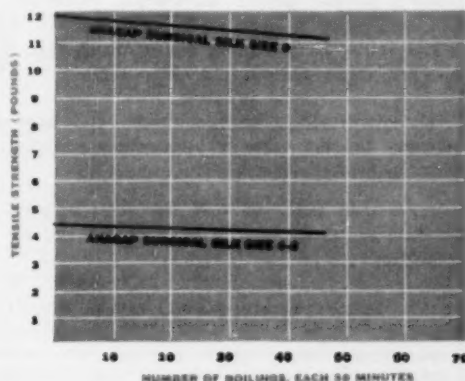
Absolute non-capillarity: No wick-like action, Anacap Silk resists bacterial invasion and withstands effects of body fluids and moisture.

Easier to handle: Anacap Surgical silk is firm. It does not become limp when moist. It retains flexibility and pliability resembling that of fine surgical gut.

Economical: Because Anacap Silk sutures may safely be sterilized at least six separate times in the operating room, or twice as often as many other silks, they are economical to use.

Anacap Surgical Silk is available on spools of 25 and 100 yards in sizes 6-0 to 5, and in sterile tubes with and without D & G Atraumatic[®] needles attached.

Effect of repeated boilings on tensile strength of Anacap Surgical Silk. For example size 0 with initial tensile strength of 12 pounds has been boiled 47 separate times (total 23½ hours); size 4-0 with an initial tensile strength of 4.5 pounds was also boiled 47 times. Despite repeated sterilization, tensile strengths remain far in excess of U.S.P. requirements. New Anacap Surgical Silk can be sterilized twice as often as many other silk sutures.

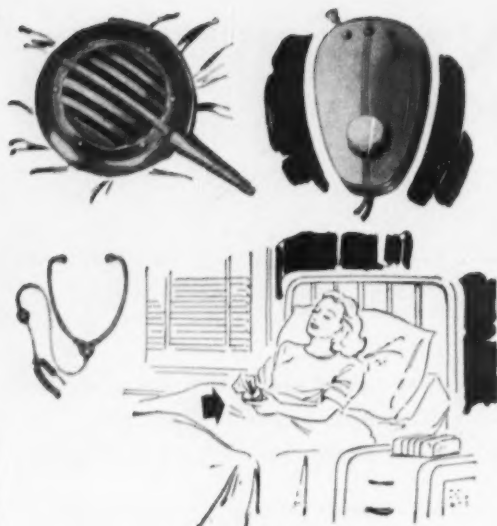


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ATTENTION OF

CITY

PROVINCE

Across the Desk

(Continued from page 12)

with an analgesic effect, useful in the treatment of urinary infections.

The following data are gleaned from descriptive literature issued by the manufacturer.

Containing 'Sulfathalidine' phthalysulfathiazole, a nontoxic enteric sulfonamide, and hexylresorcinol, a potent antiseptic, 'Thalexyl' capsules frequently provide a clear, sparkling urine in one week. 'Sulfathalidine' has a potent bacteriostatic action against *E. coli*, and therefore is of value in the treatment of urinary tract infections due to this organism.

Hexylresorcinol is an analgesic, water soluble, nontoxic germicide which rapidly relieves the pain that so often accompanies urinary infections. It is also said to be an effective antiseptic against gram-positive and gram-negative organisms.

* * * * *

Heinz Individual Servings Beans and Spaghetti Again Available

Perfect as an individual serving, five-ounce tins of Heinz cooked spaghetti in tomato sauce with cheese, and Heinz oven baked beans in tomato sauce, are again available to hospitals across Canada.

The single serving size makes a useful addition to the already familiar Heinz Soup Kitchens. Hospitals find they can give Heinz two-minute beans or spaghetti service, for cafeteria and private patients, by heating them in the speedy Heinz hot cup. The single serving size means quick preparation and no left-overs and for these reasons should prove popular with dietitians.

Packed in cases of 4 dozen, these individual servings are now in free supply across Canada.

* * * * *

Bassick Introduces "The Flying Saucer"

A remarkable new caster of unusual design is being introduced to the Canadian market by the Bassick Division of the Stewart-Warner-Alemite Corporation of Belleville, Ontario.

Known as the "Flying Saucer" the new caster is ideal for relatively light equipment such as garage equipment, dollies, et cetera—wherever a fast acting, low overall height caster is desired.

The Bassick "Flying Saucer" Caster, it is stated, will roll more readily over obstacles, and move more easily on rough floors, than conventional casters of equal overall height.

It has the easy rolling quality of a 3" diameter wheel with a very low overall height, 3 1/16", and the climbing ability of a wheel more than twice the size. It has an amazing ability to climb obstacles, rolls easily on rough or littered floors, and has a lively swivelling

(Concluded on page 20)



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Even the label is lithographed on to stay



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Another case where HOFFMAN
complete laundry equipment
service IMPROVED PRODUCTION
as planned!



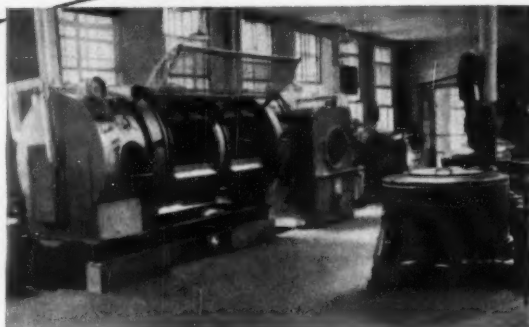
An elevated "Shell-Less" washer and an open-end "Shell-Less" washer increased linen capacity at Providence Lying-In, processing with less water and a greater speed. In the foreground is a 40" Hoffman "Open-Top" Extractor.

Better production was the goal sought by the Providence Lying-In Hospital, when it agreed to a complete Hoffman laundry survey and modernization plan several years ago.

At the time, the laundry operated 7 days a week, with overtime paid for Sundays. Primarily responsible for this costly practice was the fact that linen demands ran 70% above the rated capacity of the washers then in use!

Hoffman Laundry Engineers set about making a complete linen inventory and a cost analysis, and arranged for a classification and sorting system. This data led to recommendations for new equipment which Providence Lying-In installed in 1947.

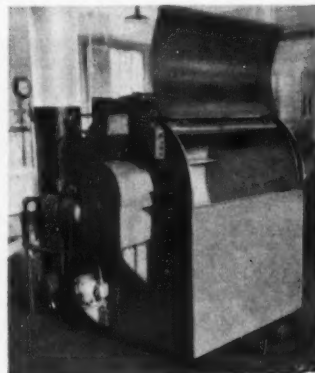
Today, the linen requirements of this 185-bed and 185-basinet maternity hospital are being processed with less handling and labor. Requisitions are filled faster and earlier, while the work week has been reduced to 5½ days.



The Plans for Your New or Modernized Laundry are Available Now — WRITE FOR SURVEY!

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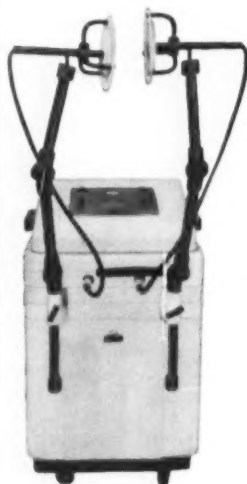


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Across the Desk

(Concluded from page 16)

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Smartly designed Monogrammed Coasters, beautifully packaged in a colourful display box, have recently been made available to the Canadian market.

Made of good quality heavy blotting paper, these coasters are 4 inches square and have scalloped edges. They may also be used as monogrammed blotters if desired.

The display box contains 72 packages of 16 coasters each. Refills are available when any letter of the assortment becomes depleted.

G. H. Wood & Company Limited, Toronto manufacturers, have also made place mats, as well as coasters, available to hospitals with their hospital crest included.

* * * *

West Develops New Antiseptic Surgical Soap

West Antiseptic Surgical Soap, containing the new chlorinated diphenyl methane compound, hexachlorophene, and the emollient, lecithin, has been developed by the West Disinfecting Company for the special use of surgeons, nurses, technicians in bacteriological laboratories, clinics and for other medical applications where antiseptics is mandatory.

The West Company claims the new product is among the first antiseptic soaps to contain both hexachlorophene, which reduces resident bacterial flora on the skin, and the skin-softening lecithin which helps to reduce certain skin irritations caused by frequent hand washing.

Ordinary soaps may remove dirt, grease and other foreign matter along with a limited number of micro-organisms. West Antiseptic Surgical Soap, however, will do an excellent job of cleaning and will also remove a higher percentage of many micro-organisms. In fact, it has been found that a liquid soap containing as little as 1 per cent hexachlorophene—and West's soap contains 2 per cent—accomplished a bacterial reduction of about a thousand fold from normal skin count, after one wash. This compared with conventional scrub-ups followed by germicidal rinses which reduced the number by only about ten fold.

A detailed booklet thoroughly discussing this new soap is available from West Disinfecting Co. Limited, Montreal, or any of its Canadian branches.

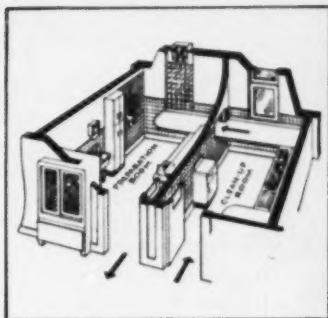
* * * *

J. F. Hartz Company Distributors of Artificial Eyes

In our August issue we referred to a display of artificial eyes at the Canadian International Trade Fair. We are informed that the manufacturers of these products is the old established firm of W. H. Shakespeare & Sons of Essex, England. The company has produced glass eyes for many years, and during the past few years have perfected the new unbreakable plastic eyes which are now being sold throughout the world.

The J. F. Hartz Co. Limited, Toronto and Montreal, are the Canadian distributors.

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Formula room. The entire product—formula, bottle, nipple and nipple cap are placed in the autoclave for terminal heating at 230°F. for 10 minutes.



Parents, in this case, see the care that is taken to protect their infant. Note the refrigerator on left. It is filled from the Formula room and is accessible from corridor.



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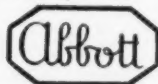
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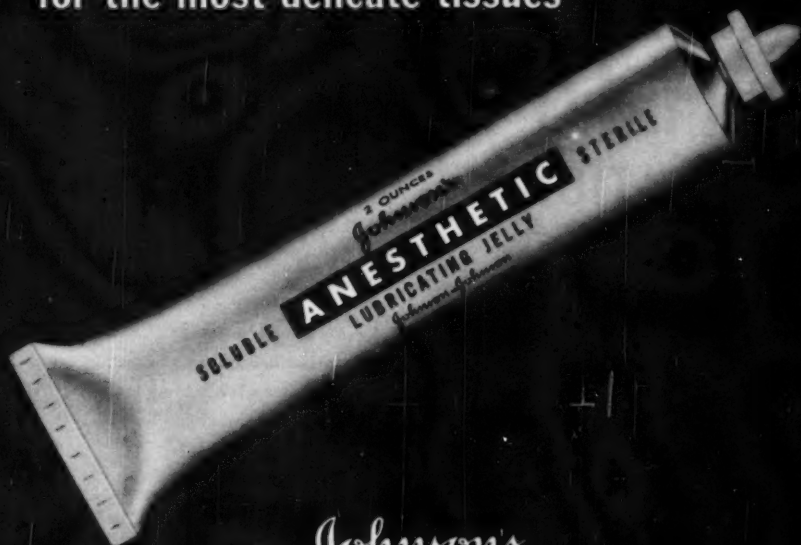
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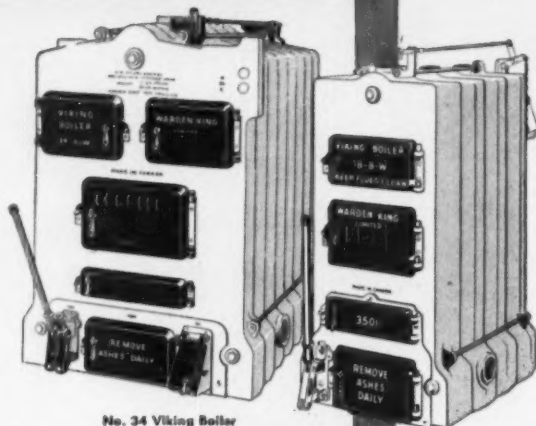
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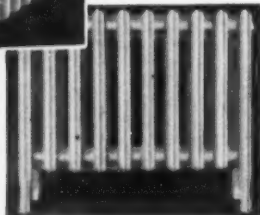
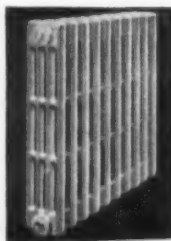
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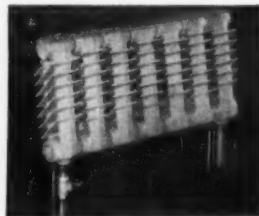
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CANADIAN HOSPITAL

Toronto, September, 1950

Vol. 27

No. 9

Obiter Dicta

On Becoming an Editor

THE oversize shoes left beneath this desk, if worn, would bring callouses and blisters. The distinguished white mane that graced this desk was earned by years of experience and assiduous effort. One cannot hope to emulate the facile pen, the integrity and brilliance, the artistry of pencil and brush, the engaging personality that warmed this chair. But what is our heritage?

What does an editor do? He must report and yet not distort; relate and perhaps debate; comment and occasionally dissent; try to suggest and not just protest; with caution suspect and at times detect; excavate first and then articulate; reflect and often project; or do a review, yet not eschew; boldly adventure, yet avoid censure; not often displease, more likely appease; accumulate and not dissipate; dedicate sometimes and again oblate; venerate and but once obituate; exonerate and elucidate; evaluate and validate; neither aggravate nor exasperate; vacillate not, but emulate; stimulate and scintillate; and just to observe is also to nerve.

This agenda of an editor, this table of contents or perhaps of intents, is breath-taking, awe-inspiring, and arresting, particularly to the incoming individual. In the present situation, it would be overwhelming—for what field has more angles and aspects than the hospital field—but for one most important factor. This is the strong support available in the persons of my associate, Mr. Ross, and the assistant editor, Miss Fraser. Both are very experienced and full of ideas. Although this would seem to suffice, the Council has gone further. Refer for a moment to the illustrious Editorial Board on page 6 of this journal. With all of this team at work, we can anticipate an outstanding result.

This thought is not yet complete. A hospital journal is made up of a flow of material from all of the hospital and allied fields. If it flows in one direction only—out from this fountainhead—the stream would soon run dry. It will be only as rich and continuous as the contributions, letters, articles, reports, comments, special features, and so on, that rise from the working situation—right from the institution that is daily caring for the sick and injured.

A good growing Canadian Hospital Journal is a challenge to you, as it is to me. Are we in this together?



The Offensive Has Started

THE recent report of the two-year pilot program for training nurses at the Toronto Western can be the first sortie of a major offensive to contain, then to obliterate, the shortage of nursing personnel. It can signal a counter offensive to straighten the very serious bulge in the whole health line of this nation. This country is fortunate that such an excellent unit has taken the lead in this major offensive. Until now, much has been said and more has been written but little has been done.

To date, the strategy has been no more than a delaying action with very little real co-ordination. More recruits have been crowded into already over-small quarters. Much-needed reinforcements have been rushed in through programs of training nursing assistants and they have won a permanent place in the field. Higher wages and better working conditions have been offered as special inducements. The opportunity has now ap-

peared to develop a new strategy of attack—a new, overall, comprehensive, national, master plan.

The Canadian Nurses' Association began a small fighting patrol action with select personnel three years ago at the Demonstration School at Windsor, Ont. This has been invaluable in developing better techniques, routines, and equipment to be used in a larger assault. Full credit must be given to Miss Nettie Fiddler and her sponsors. The lessons of this experiment must be carefully learned. And now, with a bigger show developing, everyone concerned must examine and analyze even more carefully. A still greater issue is involved, for all schools of nursing and hospitals will be affected. All must look to their personnel, curriculum, facilities, and equipment. The tide has turned to the offence. (See page 48.)

This is a start in the right direction but we must not spring to the attack without careful, cautious preparation made with all possible speed. Let us not over-extend our lines and thereby weaken what might be a strong developing action. The whole health field in Canada is concerned with the new program and all angles must be considered. The time is ripe for a "down-to-earth", "feet-under-the-table", conference of all national and provincial agencies, both voluntary and governmental, for the problem is a national one. It holds in every province in varying degree, there being few localities free from fear of a nursing shortage. A critical problem in peace, it would be a hopeless problem in the event of war.

Much information will shortly be available from the provincial health surveys. This will allow for detailed planning for, training of staff, building facilities, securing equipment, and refining curricula and teaching methods. Complete and realistic reports must be forthcoming for discussion from the Windsor Demonstration School and soon from the Toronto Western. These should be available to the conference suggested above for its vital work, and soon.

Let us move in a hurry, for the need is immediate, but let us avoid as many mistakes and booby traps as possible. All in all, things are looking up for our side, i.e., for each patient in every hospital bed in this country. The nursing situation could be in hand in five years.

An Ideal Formula

WE are pleased to note that a portion of the resources at the command of the Atkinson Charitable Foundation are being distributed as grants-in-aid to the health field. The funds of the foundation are held in trust for use where the need is greatest. The need is certainly great in the hospital field. A variety of welfare organizations will benefit and, in some cases, individual hospitals. Of special interest is the grant of \$100,000, mentioned elsewhere, which goes to assist in the inauguration of the pilot course in nursing at Toronto Western Hospital.

In this case it is the formula or approach which is momentous. The new pilot course is also receiving gov-

ernmental support. It is made possible by a partnership between a voluntary hospital, a voluntary philanthropic agency, and the federal and a provincial government. Such co-operation and combined effort in carrying out an experiment is a very healthy sign.

The stimulation of construction resulting from government grants during the past two years has taxed the resources of the hospital field to the point where little if any funds are available to take effective steps toward solving the nursing shortage. The active entrance of the voluntary agency with its flexibility and readiness to experiment will be a real transfusion to the hospital field. It brings to mind, however, the need for more voluntary agencies not only to spark this movement in other centres but to start other projects for the training of medical record librarians, medical social workers, laboratory and x-ray technicians, occupational and physical therapists, et cetera. No matter how many new services and facilities we may have, they cannot be most effectively operated without a major increase in all categories of trained personnel.

Manifold Value of Presenting Departmental Reports

AN interesting administrative procedure is illustrated in a manuscript received recently. It is the practice of one large hospital to have a departmental manager prepare and present a short report on the work of his department at the regular monthly meeting of the Board of Governors. Several values are derived from this practice which might recommend it for use in other hospitals.

The report has an educational value to the Board in that it brings to them first-hand information concerning the functions and day-to-day activities of the department, set forth in the language of the man or woman who is directing the job. The picture so presented provides a basis for sound decisions by the Board. This system also enables members of the Board to become better acquainted with members of their own staff.

On the other hand, the practice is of particular value to the department head who compiles the report. It necessitates the organization and preparation of data and leads to an evaluation of methods and results. This process opens his or her eyes to possible means of improving the service given by the department. It compels the person concerned to express his ideas clearly, concisely, and logically, thus building self-confidence in the individual himself and raising the confidence of the administrator and the Board in him. The hospital field is in real need of a wider exchange of ideas among those who direct the actual work in the various departments. A report of this type is published on page 36 of this issue.

Finally, an important advantage arising from these direct reports is that they mean such a saving of effort for the over-worked and harried administrator.

The TRUSTEE

as Intermediary between HOSPITAL and COMMUNITY

THE relationship between a hospital and the community which it serves would seem to be a subject especially appropriate for a woman to discuss. Any hospital serving a community is really an extension of the home and should be considered in this light if one is to understand its functions completely.

A community, as everyone knows, is the grouping of individuals into a society to defend and maintain a common interest. It forms a whole, composed of various elements which can only meet on common grounds where they are dominated and guided by a humanitarian and spiritual goal. The hospital is a perfect illustration of this definition. Unfortunately, in this type of community where persons of different social and financial standing meet, respective interpretations of common interest may vary.

Experience has proved that the scope of hospital activities varies according to the type of institution. Highly specialized establishments (such as children's hospitals, neurological and orthopaedic institutes, sanatoria et cetera) are deprived of the close contact which general hospitals enjoy with one another. However, the interest in specialized hospitals may reach province-wide even nation-wide proportions. This is worthy of note because society has great responsibilities and obligations towards hospitals, whether they be state-owned or privately operated, general or specialized. And these obligations never cease.

There is no place like home, it is very true, but lacking medical and

Mme. Louis de Gaspé Beaubien,
Chairman of the Hospital Board,
Hôpital Ste-Justine,
Montreal, Quebec.

therapeutic facilities in the home, the hospital necessarily becomes an extension of the home, where sickness is treated and cured.

The hospital is the exemplification of humanity's great obligation to its neighbours—charity. It is also the institution where necessary medical care is given, where students may find opportunity for professional medical training, and where scientific and technical progress is achieved. Finally, it is the place where mankind discovers that human values are not vain words and that when they receive moral comfort and physical treatment, this is due chiefly to Christian charity.

The Trustee as an Intermediary

Hospitals require the establishment of a material and scientific

organization which is possible only through the co-operation of the community. This co-operation between hospital and community is obtained through an intermediary, namely, the hospital trustee.

The word "trustee" may have various meanings. Therefore, for the purpose of this discussion, let us say that a trustee is a member of the Board of Governors, elected by the corporation of the hospital, this being the usual procedure in our country.

The trustee simultaneously represents the public and the hospital corporation. Whether the trustee be man or woman, his or her aptitudes, and qualities should be those that will help to facilitate the study and solution of a vast number of public health problems.

A trustee should have no personal ambitions in the great work he is patronizing. He must have a businessman's ability and mentality. At the same time, he must be kind-hearted, have reliable judgment, and a full comprehension of his duty toward humanity, expecting no remuneration other than the satisfaction of having accomplished a task.

The trustee must also understand the mentality and needs of a patient, which essentially differ from those of a healthy person. On his psychological approach depends much of the success of his policy.

Responsibility of Hospital Personnel

Whatever may be the competence and personality of a trustee, however, his efforts cannot possibly be effective unless the hospital, as a whole, responds to the general aim. Furthermore, a hospital is not living up to the purpose of its foundation



Mme. Louis de Gaspé Beaubien

*From an address presented at the
A.C.S. Sectional Meeting, Montreal,
March, 1950.*

if the institution's doctors are not fulfilling their task, if the internal administrative system does not carry out its proposed functions and operations exactly, if the nurses' training is not given primarily for the better understanding of the patient and, finally, if the whole does not function in clockwork fashion. Blame for the failure of any of these requisites will fall on the trustee.

It has sometimes been claimed that doctors, through their profession, are everything to a hospital. It is readily admitted that their role in a medical institution is essential to its existence, that their medical knowledge will attract a larger number of patients and establish a reputation for the institution. However, the study and practice of medicine require a complete hospital installation, adequate equipment, and well-trained personnel. All this cannot be achieved spontaneously. Without the co-operation of a smooth-running organization, in which every part is vital to the entire set-up, action lacks necessary continuity and may even produce disastrous results. It is up to the trustee to find out what is essential to the patient's physical comfort and moral welfare. He is a link between hospital and community and the practice of his

duties remains one of the strongholds of idealism against anti-social ideologies.

Communism is the dangerous disease of our present era. Unfortunately, it is a common belief that material welfare, as sought by the majority, is still the most efficient remedy and will help democracy to win the fight against this type of subversive doctrine. Whatever may be your views on the spiritual aspect of man, it nevertheless remains a fact that this spirituality is still responsible for our acts. I wonder if we give it sufficient importance.

The hospital, through its benefits, may be a strong anti-Communist influence and the trustee, in this connection, is one of the most efficient agents. He becomes, by his training, by his ideals which must direct all his actions, by the nature of his work, a benefactor of humanity. As such, he cannot favour, to the detriment of a medical institution, any commercial interests, family or personal ambitions.

Duties of a Trustee

The trustee assists and protects the community in times of peace as well as in periods of trouble and disorder. Hospitals, in peacetime, should expect necessary financial

help and the fullest confidence and understanding from the community. Unfortunately, there is a tendency among the public to underestimate the services rendered by a hospital and this practically makes it impossible for people at large to realize that hospitals are successful only through hard work and sacrifice. In time of war, hospitals are carefully organized to give help to those in the first line of defence, in spite of the increased moral and physical obligations assumed in a period of emergency. At all times, hospitals serve mankind with perseverance and loyalty, although this is often done without popular support or even a measure of appreciation.

The trustee of these organizations, so essential to our civilization, has some almost insoluble problems. In a great number of our institutions where the cost of treating patients is higher than the financial resources, the trustee has to withstand, without being discouraged, almost constant demands from employees for salary increases, from creditors for the payment of overdue accounts, from heads of departments clamouring, quite rightly, for such things as additional equipment, more suitable installations for their needs, or even a thousand and one accessories which could be useful.

All department heads do not have the endless patience of a worthy man called Branley who waited fifty years for a complete laboratory. Although eventually a Maecenas offered him one, Branley, while waiting, had never relaxed from his efforts, making use of what he had. How lucky is a community which can boast of a philanthropist who can, through a wide understanding, stimulate and encourage real talent and find himself placed among the benefactors of humanity.

Sir Reginald Watson Jones, well-known English orthopaedist, said in Montreal recently that "every hospital should have the necessary equipment, regardless of the grants it receives or does not receive". This is a marvelous idea but where can the poor trustee find the person who will secure the equipment required without asking any guarantee of payment? All hospital demands are not as secondary as the one based on

(Continued on page 72)

C.H.C. Appoints Committee on Education

For guidance in carrying out a broad program of education in the hospital field, the Executive Committee of the Canadian Hospital Council has appointed an Education Committee and initial planning is now going forward. (See *The Canadian Hospital*, July, 1950, p. 54.)

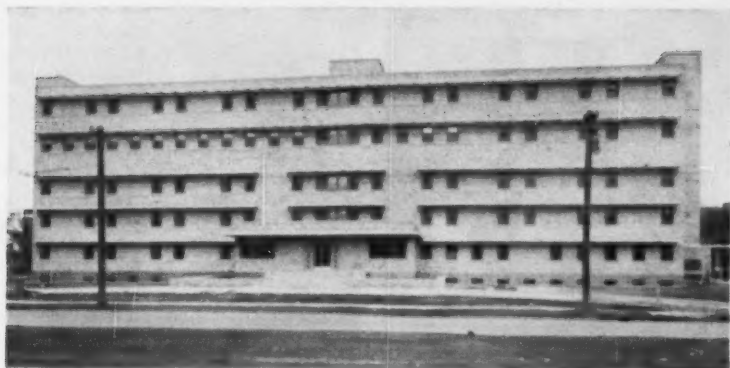
The new committee is geographically representative and its members, coming from the fields of education, hospitals, and government, are especially interested in raising educational standards and increasing opportunities for administrative and technical training of hospital personnel.

It is expected that one of the earliest projects will be the provision of formal training programs for persons now engaged in hospital work, whether university graduates or not, which will enable them to

equip themselves better for their present work and to prepare for advancement to more responsible positions.

Dr. Harvey Agnew, Professor of Hospital Administration at the University of Toronto, has accepted the chairmanship of the committee, while Father H. L. Bertrand, S.J., of Montreal and Dr. A. C. McGugan of Edmonton, will be the eastern and western vice-chairmen, respectively. In addition, the committee consists of L. N. Hickernell, Vancouver; Dr. F. D. Mott, Regina; Dr. O. C. Trainor, Winnipeg; Dr. F. W. Routley, Toronto; Dr. C. B. Stewart, Halifax; Dr. C. A. Roberts, St. John's; Dr. G. E. Wride, Ottawa; and, ex-officio, the President and secretarial officers of the Canadian Hospital Council.

Dr. L. O. Bradley, Executive Secretary of the Canadian Hospital Council, is acting as secretary of the committee. •



Welcome Addition to the Winnipeg General Hospital

An Ultra-Modern Maternity Pavilion

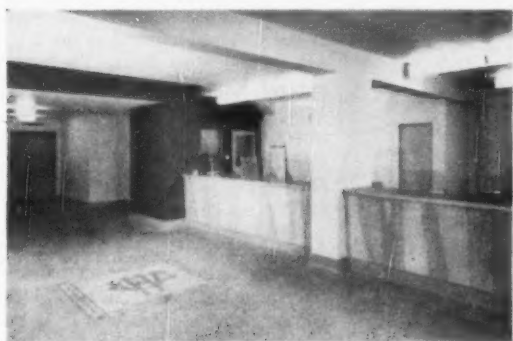
A STREAMLINED maternity pavilion provides increased services to mother and baby today at the Winnipeg General Hospital. This new building, which was opened last spring, was the fitting

climax to years of planning and careful study. In 1945, the need for additional accommodation at the Winnipeg General was urgent. This need could not be met in the existing buildings nor did hospital au-

thorities deem it possible to undertake a large building program which would include a satisfactory obstetrical layout. Therefore, it was decided to build a separate unit on land donated by the City of Winnipeg. As an aid in designing the new building, authorities examined some five hundred plans and visited many hospitals in the United States and Canada. Ideas were gleaned here and there, and a check-list was used to decide on features that were to be incorporated in the new structure.

Construction of the building began in June, 1948, and was completed in April of this year, at a cost of approximately \$1,250,000. Soon after its opening, the new pavilion was pressed into service. The rampaging Red River was menacing hospitals in the Winnipeg area at that time and, although the General was fortunate enough to escape the ravages of the flood, the first patients admitted to the maternity pavilion were cases evacuated from the district hospital at Morris, Man.

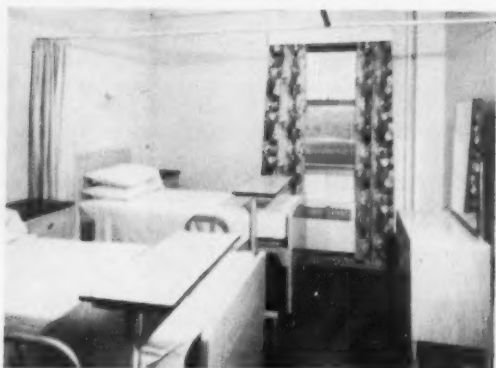
The T-shaped, five-storey, pavilion is constructed of steel and concrete and provides space for 132 adult beds and 162 bassinets, including incubators. There are 12 private rooms, 48 semi-private rooms, and six 4-bed wards. In addition the new unit has released 60 beds for acute cases in the former maternity section of the main hospital.



Left: A view of the main lobby with an office on the right.

Below: The comfortable waiting rooms off the main lobby.





An attractively decorated semi-private room.



A lecture room, for the school of nursing, which will seat sixty.

Decoration and Furnishing

A variety of attractive pastel colours brighten walls and ceilings throughout the pavilion. Floors are finished in battle-ship linoleum with terrazzo cover and base, and ceilings are treated with acoustic tile.

Patients' rooms are pleasantly decorated and feature many modern ideas. Furniture is constructed

of steel and each room has its own washroom, thus facilitating service to the patient as well as making the work of the nurse much lighter. For the patient's comfort and convenience, there are over-head reading lights, built-in cupboards, a light signal system to the nurses' station, and a two-way speaking system. Pillow receivers for each bed also

make it possible for patients to tune in local radio stations.

Funds raised in a public campaign were used to equip and furnish the new pavilion. Many individuals, voluntary organizations, and companies furnished wards. In memory of Dr. George F. Stephens, superintendent of the Winnipeg General Hospital from 1919 to 1940, the G. F. Stephens and Co. Limited, furnished a 4-bed ward.

Layout

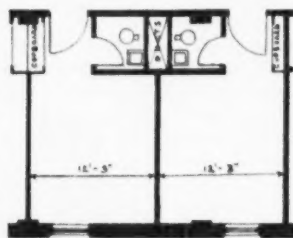
Nurseries are located in the stem of the T-shaped building on the first, second, and third floors. There are general nurseries with an eight-bassinet capacity and special nurseries for the care of premature infants. Oxygen is piped to the special nurseries and to all delivery rooms.

The labour room suite, delivery rooms, and operating room, are located on the fourth floor. There are ten single-bed labour rooms, which can accommodate two beds if necessary, and seven delivery rooms. Two of these rooms have galleries with polarized glass wall, through which



Above: A formula room.

Left: A delivery room.



Above: Adjoining Private Rooms

students can watch deliveries. The clinician points out any special features of a case and speaks to students through a microphone suspended from the ceiling. Scrub-up rooms and small sterilizing units are set up between every two delivery rooms. Doctors' locker and lounge rooms, and quarters for interns on obstetrical duty, are also on this floor.

With its own modern kitchen situated in the basement, the pavilion provides approximately 125,000 meals a year to patients and staff members. Food is conveyed from the kitchen to the floors in electrically heated wagons designed to keep food warm.

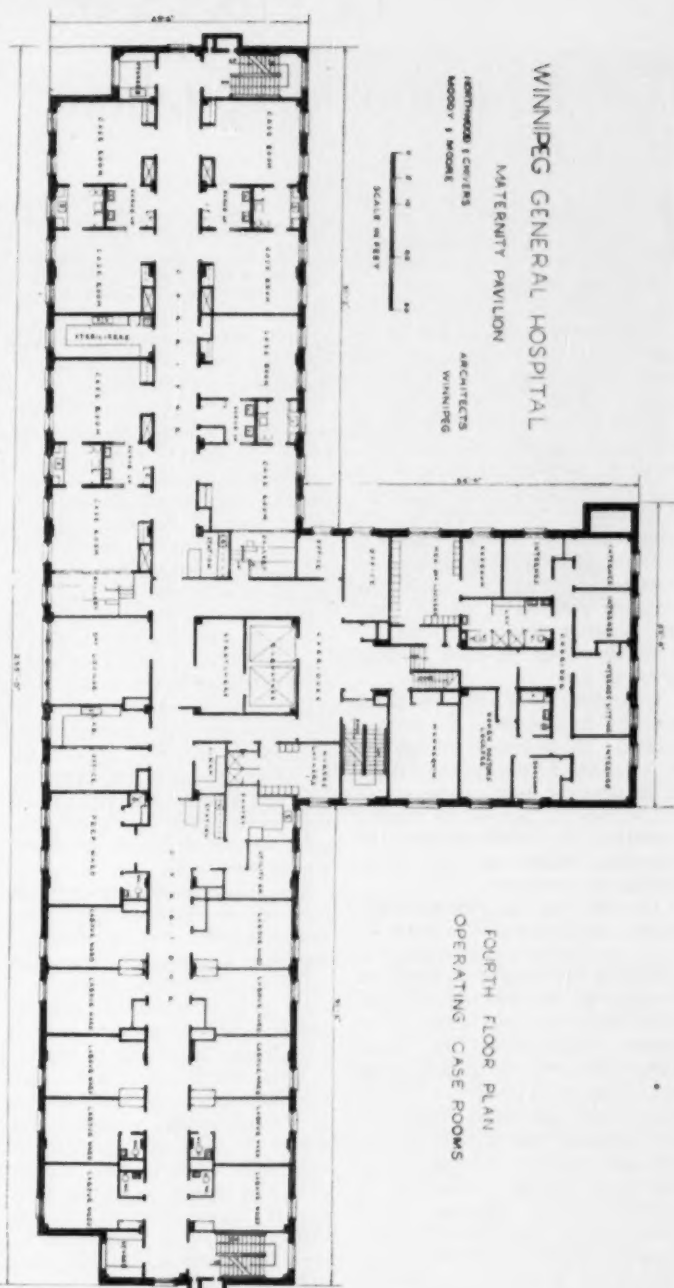
Graduate and student nurses are accommodated on the fifth floor. A diet laboratory located here is used for teaching students and there is also a 60-seat lecture room.

Other Facilities

The out-patient department for pre-natal and post-natal care is located in the basement of the pavilion, as well as the facilities for the paediatrician and social service worker. Here, too, are the bottle formulae room, locker rooms, a lecture room, and central surgical supply. An electric dumb-waiter conveys surgical supplies to the various wards.

A ventilating system passes air over steam coils in winter and over refrigeration coils in hot weather. Aluminum canopies are also used on the front of the building, which faces south, to keep the blazing summer sun off the windows. These canopies cast an effective shadow over the entire depth of the windows and help to keep the rooms from becoming too warm. Germicidal lamps are also used to assist in keeping the building free from bacteria.

The excellent facilities provided in the maternity pavilion are indeed a credit to the authorities who worked out the project, including staff paediatricians and obstetricians, and Dr. Harold Coppinger, superintendent of the Winnipeg General. Director of the pavilion is Grace Johnson, former assistant superintendent of nurses at the hospital. Architects who designed the new building were Northwood and Chivers, Moody and Moore of Winnipeg.



Le Progrès de l'Organisation Hospitalière

L'HISTOIRE de l'art de guérir les maladies en est une de conservatisme, car c'est avec lenteur que les changements sont survenus dans ce domaine. La science et la compréhension ont fait peu à peu leur chemin à travers les courants de la superstition et de la magie.

Nous savons que les Egyptiens, il y a quatre ou cinq mille ans, exerçaient la médecine. C'était, il est vrai, un mélange de religion, de superstition et de certaines mesures d'ordre pratique. Par exemple, s'ils faisaient des opérations grossières, comme l'éclissage d'os fracturés, ils croyaient aussi qu'on devenait rusé en mangeant certains organes internes du renard, ou brave en mangeant du lion.

Cependant, ils avaient un grand nombre de drogues, y compris l'opium. Ils donnaient du bouillon de crapauds à ceux qui souffraient d'affections du cœur. Nous savons aujourd'hui que la peau du crapaud renferme un certain montant de digitale, drogue qui, me dit-on, soulage les cardiaques.

On sait que la civilisation minoenne de Crète vers l'an 4,000 av. J.-C. possédait des établissements de refuge où l'on essayait de guérir les maladies par des moyens médicaux. Aux Indes, les vieux livres de loi hindous mentionnent que chaque village doit avoir un hôpital, et que cet hôpital sera bien aéré, à l'abri de la poussière, des odeurs et du bruit. Ils demandent que la salle d'opération soit propre et bien éclairée, le chirurgien taciturne et expéditif. Il est intéressant de remarquer que les chirurgiens de cette époque avaient jusqu'à 125 instruments divers à leur disposition, alors que le français Paré, l'un des plus grands chirurgiens

H. G. Hughes,
A.R.I.B.S., M.R.A.I.C.,
Chef du Service des plans d'hôpitaux,
Ministère de la Santé nationale et
du Bien-être social, Ottawa.

de tous les temps, qui a vécu au XVI^e siècle, ne disposait que de cinq instruments différents.

Avant l'ère chrétienne, les hôpitaux étaient la plupart du temps des temples des dieux de la médecine.

Il était tout naturel que le christianisme, qui enseigne l'amour et la charité envers le prochain, s'occupât du soin des malades. Il était naturel, également, que les premiers chrétiens fussent plus portés aux soins infirmiers et à la religion que vers la science et la médecine.

L'Hôtel-Dieu de Paris, fondé il y a 1,200 ans, est le plus vieil hôpital, et ses portes sont toujours ouvertes. Il avait quatre salles principales, de 36 pieds de large par 240 de long. On mettait de 3 à 6 malades par lit, et il n'était pas rare de voir un malade étendu auprès d'un cadavre, jusqu'au moment où celui-ci soit découvert et retiré du lit.

Les soins hospitaliers ont fait beaucoup de chemin depuis cette époque reculée, mais ce n'est que depuis une date assez récente que l'on a fait des changements radicaux.

Le premier hôpital du nouveau monde a été construit par Cortez, il y a 425 ans, dans la ville de Mexico, à l'intention de ses soldats. Mais c'est dans notre cité historique que le premier hôpital général a été édifié. Il n'est pas nécessaire de vous faire l'histoire de l'Hôtel-Dieu, qui dessert la population de Québec depuis 1869, ni celui de l'Hôtel-Dieu Jeanne Mance qui, depuis 1644, rend des services semblables à la population de Montréal.

Ce n'est pas avant l'avènement de la révolution industrielle du 19^e siècle que l'organisation hospitalière a fait de réels progrès. Car c'est à

cette époque que les inventions modernes, dans le domaine de la mécanique, ont donné, par exemple, le chauffage à vapeur, les ascenseurs, les stérilisateurs, et fait comprendre ce que l'on pouvait tirer de la ventilation mécanique. Il était donc naturel que nos hôpitaux profitassent de ces découvertes, découvertes qui donnaient plus de latitude aux architectes et les libéraient des entraves qui, dans le passé, avaient paralysé leurs confrères.

Bien entendu, ces changements ne sont pas survenus tous ensemble, et nos hôpitaux n'en ont pas tous profité immédiatement. A ce sujet, il est intéressant de mentionner la description que feu le Dr. F. J. Shepherd nous a faite de ce qu'était, en 1867, l'Hôpital Général de Montréal.

Il nous dit qu'à cette époque les hôpitaux étaient, en général, des endroits où les gens venaient mourir. Dans cet hôpital, il y avait peu d'air frais, mais il n'était pas rare de trouver des rats dans les salles. La qualité des soins infirmiers était très médiocre; les chirurgiens faisaient leurs opérations avec des mains et des instruments sales. Ils avaient l'habitude d'opérer revêtus de leur redingote qui, dit le Dr. Shepherd, était arrosée du sang de leurs victimes.

Plans d'Hôpitaux

Au début du siècle présent, les plans de nombre d'hôpitaux avaient été conçus dans le but de présenter une façade agréable et souvent extravagante, au détriment du confort intérieur. On aurait dit que leurs plans avaient été tracés autant pour frapper les passants et satisfaire l'orgueil municipal que pour servir les malades et faciliter le travail du personnel hospitalier.

On a fait, sous ce rapport, des progrès certains. Aujourd'hui, nous comprenons tous que, pour tracer les plans d'un hôpital, il faut commencer par déterminer le nombre de lits destinés aux malades et intégrer convenablement tous les départements divers qui constituent un hôpital moderne. Cette manière de préparer les plans d'un édifice, en tenant compte des besoins de l'intérieur et, en même temps, de l'orientation, du profit de l'emplacement et des possibilités d'expansion future, est, je crois, l'une des plus grandes contri-

Causerie prononcée à l'assemblée de l'Association des hôpitaux catholiques, à Québec, le 27 juin 1950.

Murals Bring Fairyland to Children's Wards in Australia



Welsh-born Pixie O'Harris, well known as a writer and illustrator of children's books, is Australia's leading painter of murals in children's hospitals. Her murals feature fairy tale characters, native birds and animals. In the lower picture, the artist puts finishing touches to a mural at the Rachel Forster Hospital, Sydney, N.S.W.



butions qui aient été faites à l'amélioration actuelle des hôpitaux et qui aient marqué de notre part un progrès considérable.

Avec l'avènement d'ascenseurs rapides et aussi du coût élevé de l'immeuble dans beaucoup de nos villes, il était tout naturel de projeter la construction en hauteur de quelques-uns de nos hôpitaux les plus importants.

Tout d'abord, ce genre de construction a l'avantage d'économiser, dans une grande mesure, le temps du personnel, qui peut se rendre en quelques secondes dans n'importe quelle salle (à condition qu'il y ait un nombre suffisant d'ascenseurs); ensuite, il y a économie à installer, en

hauteur plutôt qu'en largeur, le matériel mécanique comme le matériel de plombage, de chauffage et de ventilation; il faut aussi moins de terrain et, probablement, le panorama est plus joli et l'air plus pur quand on se trouve à une certaine hauteur au-dessus des rues des villes.

D'autre part, dans le cas d'un édifice à plusieurs étages, l'architecte doit se conformer à une disposition générale, commune à chaque étage, qui empêche souvent de réserver l'aménagement idéal à un département en particulier. Il est difficile d'ajouter une aile à une construction de ce genre, et il y a un manque de cette flexibilité qui est si désirable dans tout hôpital qui veut et qui doit

se tenir au niveau des perpétuelles exigences du progrès médical.

Les architectes, en consultation avec les autorités hospitalières et la profession médicale, ont trouvé d'innombrables solutions au problème de la meilleure forme à donner aux plans d'hôpitaux. Les plans ont pris la forme d'un T, d'un L, d'un U, d'un X, d'un H, d'un double H, de carrés et de combinaisons de ces formes. Il y a aussi les hôpitaux qui comprennent de nombreux édifices, dont plus typique est peut-être l'hôpital Rudolph Virchow, de Berlin, avec ses 59 bâtiments distincts.

Au Canada, la majorité de nos hôpitaux ont moins de 50 lits. Il

(Concluded on page 92)

PURCHASING at Kingston General Hospital* is centralized under one officer who is the head of the Purchasing, Property, and Medical Stores Division. Actually, he does not do all the purchasing, for drugs and food supplies are obtained separately. However, copies of all purchase orders are submitted to him each day and he brings these copies, with records of his own purchases to the daily administrative conference.

All purchasing is initiated from either requisition forms or perpetual inventory control records. The former are used for new items, the latter for general purchasing of all items kept on inventory control and issued from stores. The inventory must never get below a stipulated amount. Requisitions for new items are considered at the morning conference. Insofar as possible, quotations and samples are used as a basis for purchasing. One copy of a purchase order goes to the vendor, one to the accounting department, and one is kept on file until shipment is completed. Receipts are checked by the stores personnel and receiving slips are made out and passed to the purchasing office where they are checked against the purchase order. The importance of perpetual inventory records in controlling stock items has been long recognized and accuracy is essential.

Interviewing sales personnel takes much time in a field where competition is ever-increasing and relations with these people are maintained at a high level of co-operation. Through contact with salesmen, the purchasing executive is kept posted on new methods and products. Prolonged discussions are restricted and salesmen, as well as hospital personnel, appreciate time-saving considerations. Similar contacts with hospital personnel are an important phase of purchasing and gives the opportunity to discuss departmental items with the different heads concerned. It is important that the central purchasing executive read equipment

From a report presented for the information of the Board of Governors, Kingston General Hospital, Kingston, Ont., at one of its regular monthly meetings. (See page 28.)

**A 450-bed institution affiliated with Queen's University Medical School, Kingston, Ont.*

A Purchasing Agent Reports...

G. Walter Burrard,
Director of Purchasing,
Kingston General Hospital,
Kingston, Ont.

publications and study new ideas in order to bring the information in a concise form to the superintendent and his associates at the morning conference. The quality of merchandise should not be sacrificed in favour of a lower purchase cost but a stringent control policy is necessary if ultimate savings are to be made over and above the additional cost of administration.

Stores Control

Unfortunately, like many other hospitals, we have a shortage of central storage space which means that stores must be kept in various places. However, even with this handicap the rate of control is high.

Under the jurisdiction of this department comes the control and issuance of medical, surgical, linen, stationery, housekeeping supplies, as well as uniforms. Close contact and co-operation with the central surgical supplies is maintained. Two storemen handle the receiving and issuing of all supplies. Medical, surgical, and stationery items are issued each Friday, linen and housekeeping provisions on Thursday, and uniforms upon demand.

All issues are made only upon requisition forms signed by the proper authority. Issues upon days other than those stipulated are dis-

couraged and available only upon presentation of an "emergent order form". All emergent forms are checked upon receipt to see why the order was made. This check helps to keep special requisitions at a minimum.

One duplicate copy of a requisition form is sent back to the originating department to be checked and one is retained by stores personnel for the purpose of inventory reduction. These forms are passed on to the purchasing office where the information is entered in the perpetual inventory record, thus providing day-to-day information concerning stock on hand. "Spot-checking" is done to ensure the accuracy of ledger entries.

Care is exercised in storing special items, such as rubber goods, surgical cottons, and blankets, to ensure that storage conditions are adequate for proper "long life" maintenance.

Monthly breakdowns of departmental costs in the form of issues from stores are made by the director and forwarded to the accounting department. The cost, therefore, of operation is on the basis of usage. Minor instrument and equipment repairs, sharpening surgical needles, and cutting certain types of dressings are done by two stores employees in their spare time.

Maintenance of Buildings and Grounds

This is an important part of the Department's responsibilities and one which is ever-changing and never-ceasing.

In the two sections of the carpentry division, there are two men on cabinet-making, whose duties include the finer and more complicated work, and three men on general utility maintenance. Many items ordinarily purchased are made in the hospital work-shops.

The painting section is divided into two shops, each handling work within its own boundaries. The larger of the two shops is equipped with modern spray-painting facilities and handles the bulk of furniture finishing and renovation.

The plumbing and electrical divisions are set up to handle all types of plumbing installation and repair, as well as steam and heating prob-

lems and minor electrical work. The major electrical work is done by contract.

Upholstering is a new division and, during the past year, a shop has been set up to handle upholstering needs, as well as to repair mattresses and pillows, and to make laundry bags, slip-covers, and drapes.

The groundsman are responsible for the upkeep of hospital gardens and grounds, and for winter snow removal.

General Comment

The work of all these divisions is controlled through the office of the director, where requests for new additional features, repairs, and renovations are sorted and directed to the individuals concerned. The director's personal contact with a variety of this work is maintained to ensure its correct progress.

The linen repair section comes under the housekeeping department but maintains a close connection with the stores department. At the moment there is a pressing need for storage accommodation for various items, such as hospital furnishings. Plans for this are included in the general building program and storage space will be provided when funds become available.

As opportunity affords, it is the desire of the department to examine, through surveys, the procedures and methods used in different departments, with a view to more economical operation. During the past year, surveys have been made covering the following: syringes, upholstering items, surgical dressings, painting and carpentry articles, blood bank supplies, and provisions to central surgical supplies. The time and effort spent on these surveys has resulted in worthwhile economy.

It is recognized that the burden of office detail in this particular department is becoming too heavy to be handled efficiently by one assistant. This assistant has much work to undertake, for inventory controls are exacting and considerable time is taken to prepare them and also to prepare breakdowns, cost reports, usage reports, and surveys.

Staff

The staff of the department con-

(Concluded on page 108)

Future of Hospital Standardization

IT was hoped that the story of the abandonment of the Hospital Standardization program by the American College of Surgeons might have been held until the A.C.S. had made an announcement to that effect. However it has now become a subject of editorial speculation and, since the issue may arise in the near future, it might be well to crystallize our attitudes and opinions concerning this possible development.

The standardization program has grown to be a living monument of good work, under the persistent, patient, inspired, and untiring direction of our native-born Dr. MacEachern. As one gazes in admiration of its accomplishments, the monument becomes transformed into a living statue—the embodiment of its guiding spirit—Dr. Malcolm T. MacEachern. It is hard to imagine—one does not wish to imagine—that either image will fade, even if the A.C.S. does come to its reported decision.

To recount the tangible and intangible values of hospital standardization would be superfluous here. That a program of independent voluntary standardization is desirable is scarcely open to debate. If the decision of the A.C.S. is irreversible (although that body might honourably change its mind), how might this program be continued and by whom?

At the moment, it seems unlikely that any single voluntary agency would have the resources to take over this extensive service. The mantle would not rest too well on government shoulders alone. There are some obvious difficulties and perhaps disadvantages to sponsorship by the American Medical Association or the American Hospital Association, not the least being the cost of a complete and realistic program.

Could a solution be found in a federation of all parties interested and concerned, possibly the formation of a council incorporated under an independent board of directors? Such a council could include representatives of and receive support from organized medical bodies, all hospital agencies, and other allied health groups. It is not difficult to imagine that several foundations would contribute substantially to such an outstanding example of voluntary effort and discipline. It would be well, also, to consider what might be the role of government which has become interested in standardization in many states and provinces.

Hospital leaders on this continent (whose projects also benefit other continents) must act promptly. The standardization program must not be allowed to become a salvage operation; there should be an organized and orderly transfer from one directorate to another, i.e., if the A.C.S. does decide not to continue the program alone.

—L.O.B.

● As we go to press, it has been announced by the American Hospital Association that a hospital approval (standardization) program is to be undertaken in the event that the A.C.S. discontinues its present program. It will be noted when reading the current issue of "Hospitals" that there is no major difference between the A.H.A. proposal and the suggestions made above.



Peterborough's All-New Civic Hospital

SINCE May, the citizens of Peterborough, Ontario, have been proudly driving visitors out towards the west gate of the city, then turning left to wind through a twenty-acre tract of natural parkland and circle an expansive embryo lawn. There, on an eminence commanding an unusually fine, panoramic view of rolling countryside and city, stands Peterborough's new Civic Hospital. Strikingly designed in the shape of a three-bladed aeroplane propeller with the tips squared off, the red brick, five-storey building was officially opened by Prime Minister St. Laurent on May 20th. It contains 240 beds and 50 bassinets in the two patients' wings while the third wing, to the north, houses the service departments.

On passing through the main entrance into the lobby, which is on the second floor of the central portion, one's attention is caught immediately by an illuminated stained glass memorial window. This window was taken from the old hospital where it had been placed in

A Source of Community Joy and Satisfaction

honour of the founder, Mrs. Charlotte Nicholls, whose endowment supported that hospital almost entirely for its first forty years.

The east and west wings, except for the kitchens on the main floor of the west wing, are devoted entirely to patient accommodation. On the third floor is the paediatrics department, where indirect ultra-violet lighting is used in the isolation section to purify the air. This lighting is also used in the nursery which, with the rest of the maternity department, takes over the entire fifth floor of all three wings. The layout of the nursery shows admirable planning, with the 50-bassinet area divided into units containing a maximum of 10 bassinets each. This makes administrative control much easier, especially in the event of any epidemic. The safety and comfort

of the patients has been considered in the purchase of 150 adjustable-height beds; although not the first to use these beds, the large order placed by the hospital has made it easier for other hospitals to obtain them. Another important contribution to comfort is the piping of refrigerated water to the diet kitchen on each floor.

One of the features of the hospital is the completely separate isolation department, on the ground floor of the east wing, around which runs a covered walk with large windows set in the wall through which visitors can see children and friends.

In the designing of the spacious kitchens, which occupy the whole first floor of the west wing, the flow-of-work patterns have been given foremost consideration. Food moves from the store rooms and re-

frigerators at the far end of the wing up through the preparing, cooking, and serving areas, to the trayveyor. After the main course is placed on the trays they pass an inspection point, move to a swifter conveyor belt where desserts and beverages are added, then are transferred to a subveyor which carries them to the various floors. One floor is served at a time; the maximum time for the empty tray to be appetizingly arranged, checked, and presented to the patient, is five minutes or less. To relay diet orders to the kitchen, the hospital uses a telautograph system. Fruit juices and snacks which are ordered between meals travel to the diet kitchens on the various floors via an electrically operated dumbwaiter, adjacent to the subveyor. In case the latter should break down, the dumbwaiter is capable of carrying the meal trays.

Service Departments

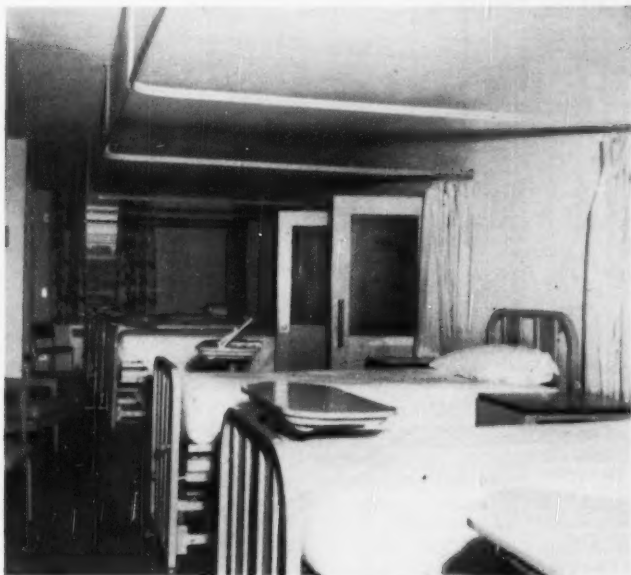
The north wing is where all the ancillary departments are found. On the first floor are the ambulance entrances, the admitting offices, and the emergency operating suite. The main laboratory is also here, as well as the pharmacy and the central supply offices. On the second floor, near

the main entrance, are the administrative offices, the records division, and the library. The x-ray department occupies the third floor and the operating suites, the fourth. The hospital is very proud of its operating rooms, which have been designed with the greatest of care and are modestly considered to be "at least on a par with those in other com-

parable hospitals". There are five, including the emergency, one minor, and three major operating rooms. The operating lights deliver 3,000 foot candles of light at operating table level. The water is sterilized in flasks in the central supply room, then heated as needed in a convection cabinet which is kept in a utility room opening off the operating



Above: A view of the lobby showing the Charlotte Nicholl Memorial Window.



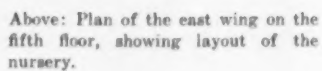
Above: One of the comfortable six-bed wards.

room. Temperature in the cabinet is maintained at 140 degrees.

Up in the tower, with the advantage of its lovely view, are located the workrooms of the women's auxiliary; a large conference room with windows on three sides, which can also serve as a solarium; and interns' quarters. In the latter suite are four single rooms with running water and a living room.

A haven which will mean a great deal to the patients and their visitors is the tiny chapel on the first floor. In this miniature gem, the light slants through a beautiful stained glass window in the west wall onto the rich-toned broadloom, the three pews, and the kneeling rail by the minute altar. On the north wall is a parchment scroll containing the names of the Peterborough men who died in the second world war.

In the basement is found one of



the reasons for the happy smiles on all faces of the hospital personnel—quantities of storage space, with elevators leading up to the kitchen, the laundry, and the main distribution system. Here, as elsewhere, is room for expansion in the future.

Nurses' Residence

A tunnel from the hospital leads directly to the power house, with a branch running off to the nurses' residence. This residence is an L-shaped three-storey building which will house 109 nurses, 4 supervisors, and the director of nursing. Provision has also been made for classrooms, a laboratory, games rooms, and diet kitchens. The three classrooms are separated by folding doors which can be opened to turn the full area into an auditorium for meetings and dances. The top two storeys are used for living quarters, each student having her own private room complete with washbasin and wardrobe chest. The roomy wardrobe cabinets, reaching to the ceiling, separate each pair of rooms. The nurses will be warm, too, as each window is equipped with a built-in storm window, attached with hinges for easy cleaning.

Power House and Laundry

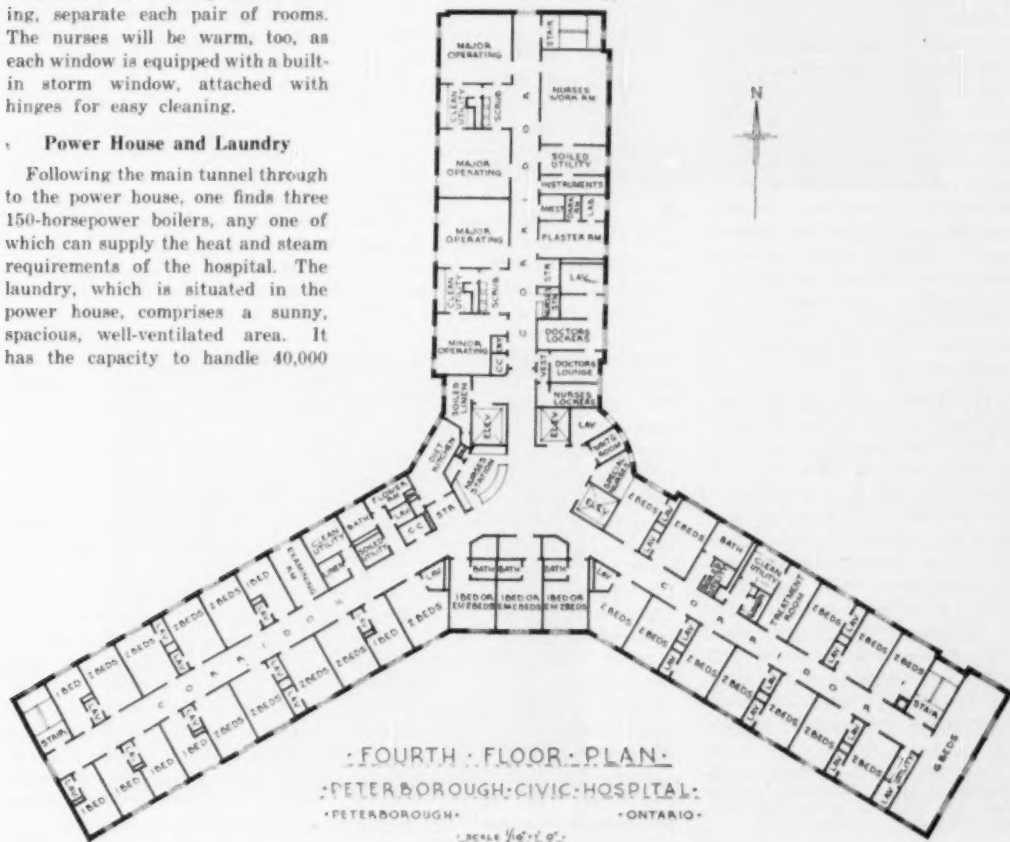
Following the main tunnel through to the power house, one finds three 150-horsepower boilers, any one of which can supply the heat and steam requirements of the hospital. The laundry, which is situated in the power house, comprises a sunny, spacious, well-ventilated area. It has the capacity to handle 40,000

pounds of washing a week—the largest laundry in the city. Soiled laundry from the patients' rooms is dropped down chutes to the basement; to prevent the introduction of foreign substances, the openings to these chutes are kept locked. A separate chute conveys laundry from the isolation departments. The collection is then trucked through the tunnel to the power house, where an elevator lifts it to the laundry storage bay. It then travels a U-shaped course through the rotary washers, one of which has a 300-pound capacity, the driers, and the various ironers. The small tear-drop-shaped puff-iron presses the nurses' caps, the ironer with the two elliptical prongs presses trousers, and a huge six-roller, 120-inch mangle irons the sheets. The cheerful southwest corner, lined with shelves to the ceiling,

is the centre of operations for the menders and sorters.

Beyond the power house stands the silvery 100-foot water tower which, with its capacity of 50,000 gallons, will supply both the hospital and the surrounding district.

This fine new three-and-a-half million dollar hospital successfully fills the need in Peterborough and the surrounding districts. Throughout the construction period, Mr. John Horal, superintendent, has given assiduous attention to each installation detail to ensure smooth functioning of every service. Designed by Blackwell and Craig of Peterborough, with the firm of James Govan and Associates as consulting architects, it provides new equipment and new locale to help achieve its constant objective, the people's health and peace of mind.



Nursing Education Marches Forward

TWENTY-FIVE years ago Abraham Flexner pointed out in his study of medical education that the direction of change is more important than the speed at which it takes place. The direction of the change in nursing requirements has been definite and now, at the mid-century crossroads, speed too is being accelerated; the time has come to initiate many of the reforms and innovations which have been indicated by the pressure of socio-economic demands in this post-war world.

Recruitment and Selection

A great many more nurses are needed in Canada and recruitment must remain a first concern. The facilities available for attracting suitable applicants include publicity by radio, screen and press, as well as talks on nursing as a career to high school students, given by both prominent leaders in the nursing field and by student nurses. Diffidence regarding the hardships of the nursing course may be overcome by emphasizing the improvements in working conditions in our modern hospitals and schools and—of paramount importance to the youthful aspirant to the nursing profession—the modernization of disciplinary systems.

Pre-entrance requirements are definitely outlined by the legislation of the various nursing associations, the trend being to raise the educational standards to a minimum of matriculation, with selection being based on personality and nursing aptitude as indicated by psychometric achievement tests. These tests, as well as assisting in the selection of suitable candidates, provide a working basis for vocational guidance after admission to the school of nursing. The pre-entrance health program includes complete physical

**Rev. Sister John Baptist, Reg.N.,
Charlottetown Hospital,
Charlottetown, P.E.I.**

examination, routine immunization tests, chest x-rays, et cetera.

Basic Course

Quite generally the pre-clinical program has been extended to six months. A factor of recognized importance now is an effective orientation period. Early integration of the health and social aspects of nursing is receiving considerable attention and introduces the student to the home and community concept of modern nursing. The student is taught to include as part of her nursing care an understanding of, and the ability to recognize, the patient's psychological needs as well as the ability to adjust herself and her nursing techniques to these requirements. The content of the pre-clinical curriculum includes the basic sciences, techniques, and principles. Qualifying examinations at the end of the first year are already in operation in at least six provinces of Canada, as well as in other countries.

As the student advances in the school, correlation of classes, clinical experience, and planned clinical instruction are of vital importance. In the past, clinical instruction has been sacrificed to the pressure of nursing service but its value in contributing to improved nursing, as well as its necessity as an educational requirement, is becoming more apparent. In many instances, the study of nursing is not confined to the home school but is broadened by affiliation with such specialties as tuberculosis, paediatrics, and psychiatry. Some directors have been more radical in their outlook and are offering electives in the basic course. The "block system", with or without modifications, is already in use in Canada. The nursing school library, once a narrowing influence of purely professional reference, today may be

called the "ally and handmaid of a liberal education", while planned recreation and health programs provide for physical fitness and social development.

In order to improve and standardize the organization, administration, and teaching, in our schools of nursing, most of our organizations have advisors who visit the schools at regular intervals, giving them the benefit of their experience and specialized knowledge. The United States has taken the lead with its accreditation program. In some of our provinces, a voluntary plan of school evaluation is in operation, on a small scale.

A definitely modern trend is the separation of school and hospital. College and university schools now provide nursing education for undergraduate as well as graduate students.

Accelerated Courses

A national experiment in the accelerated course has been undertaken by the Canadian Nurses' Association, with financial assistance from the Canadian Red Cross Society, at the Metropolitan School of Nursing in Windsor, Ontario. In operation since 1948, eleven nurses were graduated this year. These nurses are admitted to Ontario registration and to reciprocal registration in other provinces. Will a school of this type meet adequately the needs of basic training and, if so, what will be the outcome regarding the traditional three-year course? Is the additional year of repetitive ward work an exploitation of the student? A somewhat similar program was carried out in the United States during World War II to alleviate the acute shortage of nursing personnel. Legislation provided for an accelerated course. Cadet nurses were given financial assistance by the Government during the three-year training period, of which the last six to twelve months were spent in hospital service.

(Concluded on page 88)

From an address presented to the Maritime Hospital Association Convention, St. Andrews-by-the-Sea, N.B., June, 1950.

DR. Gordon B. White of Port Colborne, Ont., blends two interests into one rather specialized hobby. He enjoys photography and he is a keen observer of birds and insects. Thus he is able to obtain such different and interesting photographs as the two reproduced on this page, "Climax" and "Song at Twilight".

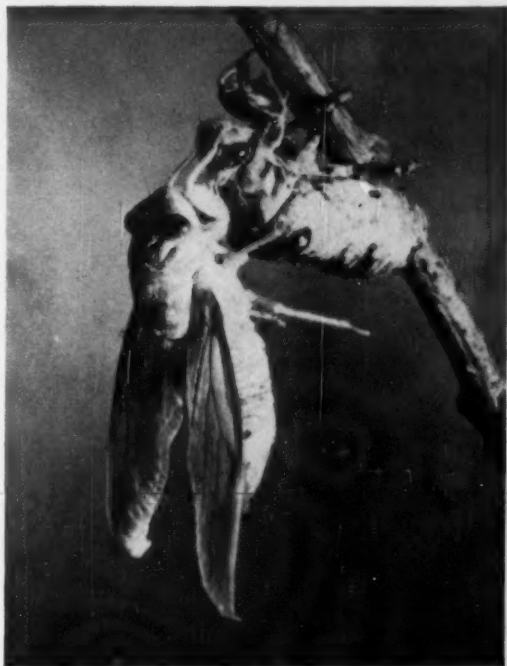
"Climax", Dr. White tells us, represents the final moult of the *Cicada* or Harvest Fly. After spending seven years underground in a wingless state, the existence of this insect reaches its climax, when it comes to the surface and acquires wings. These enable it to spend its last few weeks of life in the heights of the tree tops. "A Song at Twilight" is a beautiful study of the Grasshopper Sparrow. This bird is not very common in Canada and, being secretive, it is more often heard than seen.

Just how does one photograph birds and insects? According to Dr. White, this is the way it can be done.

"Bird photography is more than a combination of photography and bird-watching, but rather it is a specialized thing in its own right. Synchronized flashlights and the new stroboscopic lights are very desirable items of equipment to have. However, anyone who sets up a feeding tray for winter birds, even in the city, can have a lot of fun photographing them with an inexpensive camera fitted with a

The Hobby Corner

22. Gordon B. White, M.D.



"Climax".



"Song at Twilight".

string to release the shutter from a distance. The same thing can be done with nests in well-lighted locations during the summer, with the expenditure of a certain amount of time in locating the nests and waiting for the birds to return to them. This latter period can be shortened through the use of a 'blind'."

Insect photography requires less time and patience, Dr. White goes on to say. But to be worthwhile it is essential to have a camera which will focus to within two feet. There is also an advantage in photographing insects that would not be found in all types of photography. You can always take these subjects home with you and photograph them at your leisure. If one of them becomes unruly,

(Concluded on page 102)

Every Hospital Must Stand Prepared

IN this age of haste and waste no city, town or village, is immune from disaster, whether it be caused by an act of God or an act of man. The hospital must be prepared to meet any such situation.

Although types of disaster may differ, methods of dealing with them are about the same, especially from the hospital's point of view. Many problems are involved—space for extra beds, medical equipment, supplies of all kinds, reserves of medical and nursing personnel, and the re-organization of dietary and other non-medical services, to mention a few. The requirements for these extra services will be governed by the magnitude of the disaster. In view of the present over-crowded conditions in most hospitals, we should first make a survey of the capacity of our hospitals in order to determine the number of beds already available as well as where additional space can be found for bringing in the reserves in case of emergency. When tragedy descends upon a community without warning, excitement rises to a very high pitch and the resulting confusion can only be kept to a minimum by having properly organized plans laid well in advance.

Beds

With our wards taxed to capacity and a waiting list of many patients seeking admission, we must look elsewhere to find accommodation for a sudden influx of injured people. Rest rooms, waiting rooms, recreation rooms, in fact, any spot where a bed can be placed, should be carefully examined and an inventory made of the number of beds that could be set up. Should the hospital be able to accommodate all those requiring care after a disaster the situation would be much easier.

From an address presented to the Ontario Regional Council, Districts I and II at Sarnia.

William Loveday,
Chairman, Board of Governors,
Victoria Hospital,
London, Ont.

since it could then be handled within the hospital itself. It will be necessary also to take an inventory of all hospital services to see that sufficient supplies and equipment are available for the number of extra beds. In making this survey of space for beds, each area should be designated by some form of symbol, letter or number, showing the bed capacity of the area. By working out a master control plan with certain types of patients assigned to particular areas, unforeseen situations could be kept well in hand.

It is important to note that in order to take care of such a disaster within the hospital all departments must be fully informed about the plan and its details and must share in its responsibilities.

Personnel and Supplies

If a calamity occurs in a community, all hospital personnel can be depended upon to bear their share of the burden but there is a limit. Therefore, the master plan must include additional personnel as well as equipment and supplies. Where are they to come from? In most cities and towns there are registered nurses who are not actively engaged in their professions and who would be willing to help in an emergency. This calls for another survey to secure the names and telephone numbers of these people for a reserve list. It is also necessary to secure permission from the Department of Defence for the use of beds (and any other equipment available) and to make contact with various wholesale houses where extra bedding, surgical supplies, and food supplies could be obtained at any hour of the day or night.

In order that the doctors and nurses may devote full attention to their respective professions and be relieved of any detail which could be attended to by a non-professional, a careful survey of lay personnel should be made. We must bear in mind that the disaster will have occurred away from the hospital and that much will have been done already on the scene of the tragedy. The news of such an event spreads rapidly and very soon groups of men and women trained in the art of first aid, such as the members of the St. John Ambulance Brigade, will be providing welcome assistance in alleviating suffering by their prompt and skilful application of first aid. Medical men arriving on the scene will be able to direct the moving of serious cases. The Red Cross, with all its services put into action, would very soon have a steady stream of casualties arriving at the hospital. Between the moment when the hospital receives the news of the disaster and the arrival of the first patient, the well-laid plans would have slipped into their well-oiled grooves, and the hospital doors would stand open and ready. This whole procedure calls for most careful planning—we do not know when disaster will strike our own community; and it is so much better to be prepared and have no disaster, than for a disaster to strike and not be prepared.

Another matter which should not be overlooked is the making of arrangements with the police department to place men on duty at the hospital. Curious people are a menace and the police can render a valuable service to both patients and staff by allowing only those directly connected with accident cases to be admitted to the hospital buildings.

Should the disaster develop to proportions beyond the capacity of the hospital to handle, outside help must be secured. The Red Cross disaster services are available and it would be well for all hospitals to be acquainted with the contributions which this organization is prepared to make.

The efficiency with which a disaster of any magnitude can be met successfully depends upon the degree of close co-operation of all
(Concluded on page 102)

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A Brief Résumé of

Personnel Policies

as Recommended by the C. N. A.

NURSES across Canada have been studying personnel policies through labour relations committees for a number of years. In 1946 the Registered Nurses' Association of British Columbia drew up recommendations for personnel policies and revised them in 1949. Alberta Registered Nurses Association brought out its recommendations in 1947, Manitoba in 1949, and Saskatchewan in 1948, revising its policies in 1949.

Early in 1950, the Canadian Nurses' Association felt that there should be broad policies set down on a national basis and considered these policies at the biennial meeting in Vancouver, July, 1950. The following résumé touches on the highlights of the recommendations adopted at the meeting. May I draw your attention to a few statements in the introduction.

"The professional nurse is prepared to assume those duties which are within the scope of her professional training but her services are limited to those for which she is prepared and public recognition of these rightful functions is essential. The Canadian Nurses' Association is therefore properly concerned with defining and encouraging the adoption of those personnel practices which will promote a high quality of nursing service. The policies set out herein are offered as a guide to both nurse employers and nurse employees in regard to minimum standards of employment and personnel practices."

Recommendations

The Canadian Nurses' Association approves the principle of collective bargaining for professional nurses and recommends that it be done through provincial associations.

A definite and clear understanding between nurse and employer should

Ina T. Broadfoot, Reg.N.,
Chairman, National Committee
on Labour Relations,
Canadian Nurses' Association,
Winnipeg, Manitoba.

be established regarding conditions of employment. This should be set forth in a written statement with a copy available to both employer and employee.

Definite recommendations were made as to hours of work (44-hour week), statutory holidays or days in lieu thereof, vacations with pay (21 days after one complete year of service), sick leave (at least 12 days a year), and special leaves for studies, conferences and study groups.

No attempt was made to arrive at specific salary rates but the association noted that "salaries will fluctuate in relation to cost of living index". It was recommended that:

1. Gross salaries should be paid;
2. Salary schedules should be based upon an established classification of the nursing duties to be performed;
3. Minimum and maximum salaries should be established for each type of nursing position. Due consideration should be given to the nurse with approved post-graduate training and/or wide experience;
4. Stated periodic increments should be given at least yearly; and mention is made of pension plans.

Living conditions received special attention. When circumstances necessitate residence accommodation, the following factors should be carefully considered. All living quarters should be above ground level and be situated in a building apart from the hospital. Each nurse should have a private bedroom and adequate faci-

ties should be provided for bathroom, personal laundry, and for social activities, (i.e., a living room and kitchenette in the residence).

Comment

Our association would like to suggest that some of the difficulty in obtaining sufficient staff in the smaller hospitals, which have greatly increased in number throughout Canada, might be overcome by the provision of comfortable living quarters. Could the term "home" be applied to many of the places where nurses live? Yet this term has been the accepted label for many years. In far too many hospitals, even in the new ones, nurses are still expected to live in semi-basements, or close to the various noises (pressure pumps, labour rooms, et cetera) connected with a hospital. Large sums of money are being granted by the federal and provincial governments to increase hospital facilities, but there are no accompanying grants for staff quarters.

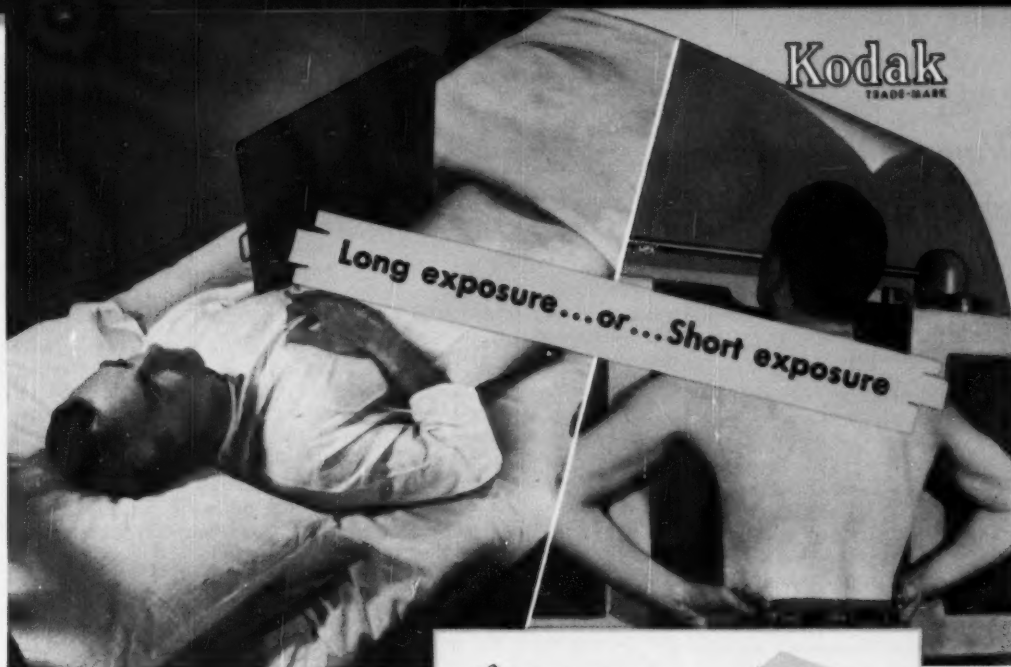
Do communities realize sufficiently that nurses live as well as work in their midst? Are the nurse's working hours such that she can take her place as an individual in the community?

We must recognize the fact that there are only so many young women available in Canada each year for the total labour market. If nursing is to recruit and hold its fair share of this group, working conditions for nurses must be comparable with those of other professional groups as to hours of work, holidays, salaries, and other important details.

"Operation Dream House"

The citizens of Moose Jaw, Saskatchewan, are busy these days initiating projects to raise \$125,000, locally, for the Moose Jaw General Hospital Wing Building Fund.

"Operation Dream House" is the latest scheme. With the donation of a lot by the city and labour by expert tradesmen, a \$14,000 house will be built and disposed of through the sale of tickets. This co-operative project should do much to raise the needed funds and assure commencement on the new wing by April 1951.



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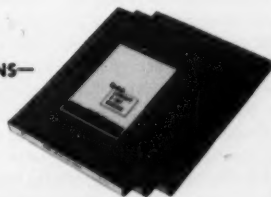
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Winnipeg Plays Host to Fifth Western Canada Institute

(Frank Silversides, Winnipeg Children's Hospital, reports for the Program Committee.)

TRUSTEES and administrators from hospitals in the Western provinces will gather in Winnipeg next month for the fifth Western Canada Institute, to be held in the Fort Garry Hotel, October 16th to 20th.

Small hospital problems are to be featured this year and many able leaders in the hospital field will be on hand to present papers and participate in the discussions. Among these, Graham L. Davis of the W. K. Kellogg Foundation will discuss the need for thorough study of community requirements and ways in

which they may be met before the establishment of a small hospital is contemplated.

Many questions of special interest to the hospital trustee are included on the program in the hope of encouraging the attendance of more and more trustees at such educational sessions. John Storm, Editor of "Hospitals", will talk on the duties and responsibilities of the hospital trustee and Dr. Harvey Agnew will discuss the "Code of Ethics". Papers on fire regulations and the legal aspects of certain hospital problems will be aimed at interesting both the trustee and the hospital administrator.

Dr. L. O. Bradley, the new Execu-

tive Secretary of the Canadian Hospital Council, will present a paper on "Centralization vs. Decentralization" and assist in discussion. This will provide an opportunity for many to meet or renew their acquaintance with the man who will have much to do with directing the activities of the Canadian Hospital Council in the next few years.

Especially *à propos* in this year of 1950, and in the city of Winnipeg, will be the topic "Disaster Planning" to be presented by a representative of the Canadian Red Cross Society.

In addition to the usual tours of larger hospitals, it is hoped that arrangements can be made for a visit to one of Manitoba's newer small rural hospitals.

Social events in abundance are being planned. On the first day of the Institute, there will be a buffet-style tea for the faculty, students, exhibitors, and visitors, in order that all attending may become acquainted. The banquet is slated for Thursday evening.

Concentrated Pilot Course in Nursing Established at Toronto Western Hospital

An experimental demonstration of a concentrated two-year course in nursing begins at Toronto Western Hospital this month. The course, which has been set up in an effort to streamline the nursing curriculum and improve the supply of nurses, will be conducted by the hospital itself, with the co-operation of the federal and provincial departments of health, and financial assistance from the Atkinson Charitable Foundation. Although an educational building, providing needed housing, laboratory and classroom space, is to be built as soon as possible, the need for nurses is so urgent that the course will start immediately.

Eighty girls will be accepted each year for the next three years. These girls will finish their two-year course with the same qualifications as other nursing graduates, but will be required to serve an extra year as "nurse interns". This intern year may be served either at the Toronto Western Hospital or some other designated hospital and the

nurses will be paid, possibly at the rate of \$100 per month. The standards at this school of nursing being already high, requiring senior matriculation or Grade XIII standing, for entrance, as well as suitable character and aptitudes, the graduates of the school will be qualified to take university degrees and other advanced courses leading to administrative positions.

The cost of this pilot study is to be shared as follows:

(a) The Dominion Department of National Health and Welfare and the Ontario Department of Health, under the provision for professional training grants made possible by the national health program, will give money for additional teaching personnel, necessary equipment, and other expenses in connection with the educational portion of the project.

(b) The Atkinson Charitable Foundation will provide \$20,000 a year for five years, totalling \$100,000.

(c) The Toronto Western Hospital, because of the added cost of the amended curriculum, will pay an estimated \$23,500 a year for three years, totalling \$70,500.

Concerning this project, Miss Gladys Sharpe, director of the School of Nursing, has commented as follows:

"Challenged by the urgent need of preparing more nurses, and recognizing that current methods are educationally and economically unsound, the School of Nursing of the Toronto Western Hospital has been authorized to embark upon a program whereby every hour of the students' time for the first twenty-four months will be controlled in terms of her educational needs, while the final eleven months will provide a variation of experience and a salary commensurate with the nursing service rendered.

"By this realistic approach to the present problem of nurse shortage, we are confident that the two-fold purpose of our proposed plan will be achieved, and that September 1952 will see us with an increased nursing force of well-prepared young women."



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Stimulating Program Planned for Twenty-Sixth O.H.A. Convention

THE hospitals of Ontario can look forward to a most informative and interesting convention again this year. It is to be held from October 31st to November 1st at the Royal York Hotel in Toronto and the committee in charge is confident that the program will maintain the high standards of last year's Silver Jubilee event.

Premier Leslie Frost is expected to open the convention officially on Monday morning, to be followed by greetings from His Worship the Mayor, and a group of choral numbers by a nurses' choir. Reports on the year's accomplishments will be given by Dr. Douglas Piercy of Ottawa, President of the association, and by Dr. Fred W. Routley, Executive Secretary-Treasurer. The opening luncheon address will be given by Dr. Mackinnon Phillips, Ontario's new Minister of Health.

The general sessions will deal with subjects of interest to all hospitals. On Monday afternoon, *Public Relations* will be discussed from the standpoint of the association, the hospital, and the press and radio. Tuesday afternoon will feature *Hospital Financing in Relation to Nurse Education* under the headings: capital assistance toward construction of nurses' residences; provision of maintenance for nurses and nurses-in-training; and the twenty-four month curriculum. Wednesday morning the subject will be *Hospital Financing in Relation to Government and Municipal Grants* with regard to (a) private patient rates, (b) government grants, (c) municipal grants and rates, (d) Blue Cross and Workmen's Compensation Board, and (e) what can be done to reduce cost of hospitalization to the community. On Wednesday afternoon a round table conference will be led by Dr. Malcolm T. MacEachern of Chicago.

Tuesday morning is set aside for meetings of the seven sections of the Association, for which all the programs are not yet completed. To

date, it has been arranged that the Trustee Section, under the chairmanship of J. P. Ebbs, K.C., of Ottawa, will emphasize "The Responsibility of the Trustee" in its various aspects. The Medical Record Librarians' Section, under the chairmanship of Genevieve Duff of Toronto, will have a panel discussion on medical records with four students taking part, as well as addresses on "Preparedness in Emergency" and "How Hospital Administration Benefits from a Well-functioning Record Department". The Dietetic Section, under the chairmanship of Muriel J. Westney of Toronto, hopes to have Prof. E. W. McHenry of the University of Toronto speak on "Nutrition for Older People" and a panel discussion on "Dietetics in the Training School

Schedule". A program of particular interest to auxiliaries is being planned by the Women's Hospital Aids' Section, under the chairmanship of Mrs. T. J. Lytle of Toronto, and programs of similar interest are being planned by the Nursing Administration Section, under Miss F. M. Roach of Oakville, and the Pharmacist's Section, under the chairmanship of J. F. Cook of Oshawa. The keynote of the Accounting Section's program is to be "Why Good Accounting and Statistical Reports are Necessary", with S. W. Martin of Toronto acting as chairman.

The guest speaker at the banquet on Tuesday is to be John M. Fisher. Following his talk, which is entitled "John Fisher Reports", there will be a floor show arranged by the exhibitors, then dancing in the ballroom.

This brief résumé gives some idea of the wide range of subjects to be covered and will assure delegates that the Program Committee, under the chairmanship of Arthur J. Swanson, is resolved to make this convention reach another high.

Dr. M. Phillips Appointed Ontario Minister of Health

Dr. Mackinnon Phillips of Owen Sound, M.P.P., for Grey North, has been appointed Minister of Health for the Ontario Government. He succeeds the Hon. Russell T. Kelley, who resigned on account of illness. For several years it has been the policy of the government to alternate this portfolio between a medical doctor and a layman.

A graduate of the University of Toronto, with post-graduate experience at the Harper Hospital in Detroit, Dr. Phillips is 52. His distinguished community and political career has won him wide recognition. He was first elected to the legislature in 1945 and was re-elected in 1948.

Regina Man Appointed to Hospital Services Plan

Benjamin H. Haaland has been appointed executive assistant to the director of the Saskatchewan

Hospital Services Plan. Previously, he was supervisor of pharmaceutical services in the health department's medical services division. Mr. Haaland obtained his licentiate in pharmacy from the University of Saskatchewan in 1933.

New Secretary-Treasurer for Western Memorial Hospital, Nfld.

R. B. Taafe has been appointed secretary-treasurer of the new Western Memorial Hospital, Corner Brook, Newfoundland. A native of St. John's, Mr. Taafe received his education at St. Bonaventure's College and has held positions of responsibility with various firms in St. John's and Corner Brook.

As well as being secretary-treasurer of the hospital, Mr. Taafe will be secretary of the corporation. Although Western Memorial will not be completed until sometime next January, Mr. Taafe has already assumed his new duties.



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Notes on Federal Grants

Cancer

Two new cancer clinics, one at the Herbert Reddy Memorial Hospital, Westmount, and the other at St. Charles Hospital, St. Hyacinthe, Quebec, will be set up with the aid of a federal grant which will meet one-half of the \$50,000 cost. At the former hospital, a resident pathologist, an intern in pathology, and an assistant radiologist will be added to the staff, and a wide range of equipment will be purchased. The major part of the grant to St. Charles Hospital will be spent on equipment and the staff will be increased by the addition of a radiologist and a pathologist, both part-time.

Construction

More than \$86,600 from federal hospital construction grants has been allotted to Victoria Hospital, Winnipeg, to help finance alterations in and an addition to the present building. While the alterations, which will improve accommodation, will also reduce space for patients, the new five-storey addition will provide space for 96 more beds.

The Ottawa Civic Hospital has been awarded \$26,000 to help meet the costs of increasing its bed capacity to a total of 668 beds. Six of the beds are designated for the observation of mental cases and twenty for cancer patients. This is the fourth grant to be made for hospital building in Ottawa since the national health program was launched, the others having been for the Royal Ottawa Sanatorium and two extensions to the Ottawa General Hospital.

Mental Health

Additional staff and equipment to improve treatment services at the Hospital for Nervous and Mental Diseases, St. John's, Nfld., will be obtained with the aid of the national health grants. The occupational therapy department will be assisted by the addition to the staff of two psychiatric aides and two attendants, all with training in

handicrafts. The recreational therapy department is also to be extended by employing an aide and an attendant with experience in physical training and recreation. The remainder of the \$14,000 grant will be used to employ a technician and to obtain supplies for the electroencephalography department.

Approximately \$24,000 has been granted to New Brunswick for furthering its mental health program. At the Provincial Mental Hospital, Fairville, the staff has been enlarged by employment of a dentist, a laboratory technician, two occupational therapists, and a psychiatric social worker, the latter to help both during the patient's stay in hospital and the adjustment period afterwards. \$12,000 of the grant will go towards these salaries. Four psychologists are also to be added to the staff during the four summer months and a bursary has been set up for one year's training in psychology at the University of Toronto.

Personnel

In Saskatchewan, ten bursaries have been awarded for post-graduate studies. Two are for courses in psychiatric nursing, one at the Allan Memorial Institute, Montreal, and the other at the Menninger School for Psychiatric Aides at Topeka, Kansas. Both recipients will return to mental hospital at Weyburn as instructors of student nurses. A psychologist from the MacNeill Clinic, Saskatoon, will attend a short course in psychological testing at the Rorschach Institute, Carmel, N.Y., and a Regina man will attend a three-week workshop course in group dynamics at Gould Academy, Bethel, Maine. Four awards have been made to nutritionists, one to attend a refresher institute at Syracuse University, N.Y., and three student dietitians to take a year's training in Toronto or Montreal. Bursaries for psychiatry and for cancer control studies have also been awarded. The cost of the above bursaries in the current fiscal year is more than \$6,800.

In British Columbia, fifteen bursaries have been awarded. Four of the awards will go to nurses, one to spend a year at the University of Toronto studying paediatric nursing, one to go to McGill University, Montreal, for a year's training in the teaching and supervision of nurses, one nurse from the Vancouver unit of the provincial tuberculosis division to take a year's course at the University of Toronto in clinical supervision of surgical nursing, and another from the same unit to take a course at the Vancouver General Hospital in operating room techniques. Four awards have also been made to doctors. The assistant clinical director of the provincial mental hospital at Esson-dale will spend three months at the Langley Porter Clinic, San Francisco, studying psychiatry, and two doctors from the Vancouver unit of the provincial tuberculosis division are spending several months at McGill University where one is specializing in thoracic surgery and the other in internal medicine. Another doctor from the tuberculosis division is to take a two-year course in internal medicine at Kingston General Hospital, Kingston, Ont. Funds have also been allotted for a Victoria man to take a year's course in health education at the University of Michigan, while a member of the laboratory staff of the tuberculosis division will take a year's course at the Shaughnessy Military Hospital. To aid work among crippled children, a grant has been authorized to enable a physiotherapist from the Western Society for Physical Rehabilitation, Vancouver, to spend three weeks studying retraining methods for cerebral palsied children at clinics in Toronto, New York, and Baltimore. A member of the staff at the Health Centre for Children, Vancouver, will take a two-month course in the correction of defects in sight given in Boston by the American Orthoptic Council. In response to the present demand for well-trained hospital administrators in British Columbia, bursaries have been awarded to two staff members of the Vancouver General Hospital to take courses in hospital administration at the Universities of Minnesota and Toronto. A member of the Faculty of Pharmacy of the University of British

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Second, the mixing and blending of each item used is carefully supervised to conform with a formula that has remained unchanged for many years—the famous 12-year Golden XXX formula. And when manufacturing begins, Colgate's Control Laboratory keeps a constant check of every process, every phase of manufacture.

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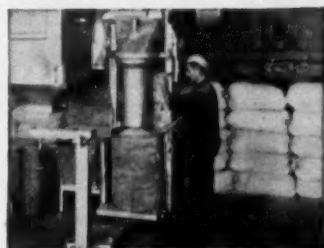
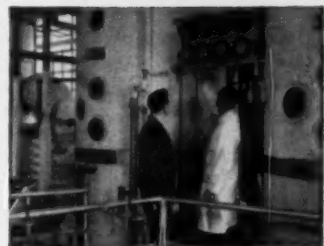
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Columbia is to take a year's special study of hospital pharmacy at the University of Maryland. Total cost of these bursaries awarded in British Columbia is estimated at \$20,500.

For Newfoundland, Prince Edward Island, and Nova Scotia, funds have been set aside to enable a senior laboratory technician from each of the provincial public health laboratories to take a two weeks' course in medical parasitology at the Laboratory of Hygiene, Ottawa.

Public Health

The salaries of twenty additional public health nurses are to be underwritten for Saskatchewan by a grant of \$48,000 from the federal grants for public health. Eleven will be assigned to the Swift Current, Assiniboia, Weyburn, Moose Jaw, and North Battleford health regions, while nine will go to districts outside the established regions. This will particularly facilitate the organization of more pre-natal and well-baby clinics and immunization programs.

Another \$8,500 will go to Saskatchewan for the purchase of special equipment for health centres. A brace-making shop is being set up in the Regina General Hospital; the bracer, who will be employed by the hospital, received his training in Chicago through a national health bursary. Laboratory equipment costing \$2,600 will be installed at the Grey Nuns' Hospital, Regina, which is a referral centre for the examination of pathological tissues. An additional \$700 has been set aside for equipping the physiotherapy department of Victoria Hospital, Prince Albert. The provincial library has also received funds to buy books on health, which are much in demand for its rural service. These deal with subjects varying from nutrition and child care to control of disease.

In the Maritimes, bursaries have been granted to twenty-two persons in the public health field; and money has been granted for the purchase of technical equipment necessary for the new surgical procedures being introduced at the provincial sanatorium in Prince Edward Island. The bursaries include one for a year's study at the University of Toronto in public health engineer-

ing; a year's course in public health dentistry at the same university for the director of dental services for Nova Scotia; and studies in cancer diagnostic and therapy services at the St. Vincent Charity Hospital, Cleveland, Ohio, for a doctor who will join the staff of the Hotel Dieu Hospital, Campbellton. A member of the Nova Scotia health department's staff has taken a summer course in psychology at Columbia University, New York. A doctor from Halifax will take post-graduate training in psychiatry at the Allen Memorial Institute, Montreal; and a year's course in psychiatric social work is being provided at the Maritime School of Social Work, Halifax. Sixteen of the bursaries go to nurses from Nova Scotia for post-graduate training in public health at either Dalhousie University or the University of Toronto.

New Brunswick has been allotted funds to buy health education materials and to employ a medical student to assist the medical health officer for the Moncton district during the summer months. In Nova Scotia funds have been allotted to employ two additional people to operate new diagnostic equipment at the Nova Scotia Hospital. Costs of these projects in the Maritimes will be more than \$37,500.

Plans are under way to introduce biochemistry and biochemical research into the services of the laboratory of the St. John's General Hospital, Newfoundland, which work will be supervised by a qualified biochemist to be added to the staff together with two technicians. A bacteriologist and three technicians are to be added to the staff of the provincial public health laboratory. Funds have been set aside to buy film and filmstrip projectors and screens for use by Newfoundland's new division of health education. Federal grants will also be used to purchase equipment for the orthopaedic wing of St. John's General Hospital and for the purchase of bronchoscopic equipment for St. Anthony Grenfell Hospital. A bursary for post-graduate training in psychiatry at Dalhousie University, Halifax, has been granted to a doctor who will then join the staff of the Hospital for Mental and Nervous Diseases in St. John's.

To aid in Newfoundland's tubercu-

losis control program, a superintendent of nurses for the new sanatorium at Cornerbrook will be paid through a federal health grant; and salary is being provided for a medical specialist to travel for four months with the sea-borne x-ray survey unit. Money has also been allotted to provide the thirteen x-ray-equipped cottage hospitals in the province with special service for the interpretation of x-ray plates presenting diagnostic problems.

Tuberculosis

To help combat tuberculosis in Quebec, the federal government has allotted \$60,000 to provide supplies of para-amino salicylic acid, a new drug used with streptomycin in the treatment of tuberculosis. Commonly known as P.A.S., this drug apparently slows down the development of the tubercle bacillus and, when used with streptomycin, the combined effect is greater than when each is used separately. Thus smaller doses of streptomycin are possible and the likelihood of toxic effects from it is reduced. A number of other provinces are using federal funds to buy P.A.S.

A grant of \$15,000 has been authorized to meet the salaries of full-time and part-time x-ray technicians to operate units in the Greater Vancouver area and to buy x-ray films and chemicals for them. Three of the units are in charge of the Metropolitan Health Committee of Greater Vancouver and a fourth is stationed at the Okalla jail. A mobile unit operated by the former will concentrate this year on mass surveys of employees in the larger industries and department stores in the Greater Vancouver area. Funds have been set aside, also, to expand the radiology division of the provincial mental hospital at New Westminster so that patients and staff there may be given regular chest x-rays. Purchase of occupational therapy equipment for patients in provincial sanatoria has also been authorized.

Federal funds will enable Ontario to purchase an additional mobile x-ray unit. A grant will also allow the Toronto Psychiatric Hospital to improve its facilities for diagnosis, teaching and re-

(Concluded on page 108)

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SEPTEMBER, 1950

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◀ Health Care Plans ▶

Choice of Two Package Plans Offered Civil Servants in Ontario

1. Blue Cross and P.S.I.

AN important forward step has been taken by the Ontario Blue Cross Plan for Hospital Care and the Physicians' Services Inc., a medical care plan sponsored by the Ontario Medical Association. After months of careful planning and preparation, the Blue Cross and the P.S.I. are now able to offer a joint plan giving both hospital and medical coverage. This plan is presently available to the federal civil servants in Ontario, many of whom are already Blue Cross subscribers. A package plan has been requested for some time by the civil service and this joint coverage by two non-profit plans can provide comprehensive protection for them.

The plan features service benefits, no preliminary physical examination, coverage of previously contracted illnesses, no age limit, no waiting periods (except the ten months for maternity care) and the coverage of dependents up to 18 years. As well, the hospitalization clause offers:

- 51 days of hospital care, with yearly increases to a maximum of 201 days,
- A choice of semi-private or standard ward contracts,
- Use of the operating room,
- Anaesthesia equipment and material,
- Routine clinical pathology service,
- Electrocardiographic films,
- X-ray services provided by the hospital up to \$25.00 each admission,
- Routine laboratory service, serum injections, drugs, dressings, et cetera,
- Oxygen therapy,
- Basal metabolism tests,
- Emergency hospital service,
- Maternity care—50 per cent.

Medical benefits, available when in hospital for treatment, include: Surgery of any type, no waiting periods,

- Confinements, including pre-natal and post-natal care,
- Fractures and dislocations, in or out of hospital,
- Administration of anaesthetics,
- Cystoscopy and bronchoscopy,
- Burns and lacerations,
- Consultation, one per admission,
- Deep x-ray treatment and/or radium treatment up to \$150.00 per annum,
- 51 days' medical care, in hospital, per annum.

The rates for the combined coverage are \$1.95 per month for a single subscriber, \$4.15 for a subscriber and one dependent, and \$5.00 for a family. These rates are for standard ward care. Blue Cross also offers coverage for semi-private ward care at a slightly higher fee.

2. Insurance Companies' Plan

The federal civil servants are offered another package plan which is being put forward jointly by a group of four commercial insurance companies. The benefits provided by this plan are presented on a cash indemnity basis and include, in the hospitalization clause:

- Hospital care expenses up to \$6.00 per day,
- A maximum of 70 days' care,
- Special hospital services up to \$60.00,
- Maternity care up to \$50.00.

The medical clause offers:

- Surgical fees up to \$200.00,
- Medical expenses while in hospital and immediately afterwards, up to \$100.00,
- Maternity care up to \$50.00.

Waiting periods will be waived in the case of employees enrolling within thirty-one days after becoming eligible. The rates charged for this coverage are \$1.60 a month for single subscribers, and \$5.50 a month for families. However, federal government employees wishing to retain their Blue Cross hospital coverage, and those enrolled under

compulsory provincial or municipal hospital plans, may subscribe for the surgical and medical portion of the plan at a cost of 80 cents a month for single employees and \$3.00 a month for families.

Comment

Benefits cannot be easily compared. One plan provides services for a stated period of time, largely without regard to the cost of the services. The other provides a maximum cash indemnity beyond which charges for services become the liability of the subscriber. The type of hospital accommodation desired, the extent to which special services are required, and prevailing hospital charges and medical fees, are variable factors which must be carefully considered in comparing the benefits of one plan with those of the other.

In the final analysis, the benefits to which the subscriber is entitled when a hospital or medical bill is incurred are the "proof of the pudding" and minimize the importance of minor variations in subscription rates.

No doubt those charged with the responsibility of protecting the interests of the civil servants will explore the merits of all plans which are available to them and will weigh the advantages of each before determining which best meets their particular requirements.

* * * *

Students Teach the Faculty

Members of the faculty and administrative employees of the University of Puerto Rico, following the example set by nearly 8,000 students, have enrolled in Blue Cross through Puerto Rico Hospital Service Association, San Juan. The enrolment of staff extended over a two-month period; reports issued during the last week of enrolment revealed that more than sixty per cent of the staff had already joined the plan. Students at the university have been protected by an integrated Blue Cross health program since 1946. This program includes hospital and medical care; consultations and minor surgery; specialists' services; and dental care. The hospital and medical care are offered

(Concluded on page 106)

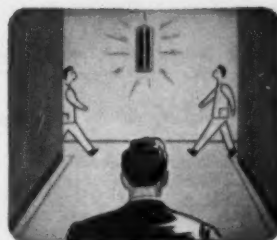
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New Paging Annunciator Gives 3-Way Vision!

If the doctor can see the annunciator, he can see his paging code number... it's as simple as that with the new Edwards' inverted "V" Annunciator No. 7158. Flashing numerals can be seen front, left and right. In this first really streamlined paging annunciator, visibility is sharp and clean, without any haze or cross-lighting. Available for vertical wall or horizontal ceiling mounting. $26\frac{1}{2}$ " high, $8\frac{1}{2}$ " wide, $5\frac{1}{4}$ " deep.



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Edwards No. 7175 Keyboard Selector actually makes more room at crowded switchboards... takes up little more space than a telephone book. Size $11\frac{1}{4}$ " x $8\frac{1}{4}$ " x $8\frac{1}{4}$ ". Miniature lamp annunciator on case —no bulky bulls-eyes to duplicate flashing on lamp annunciator. Three complete rows of keys for setting up three codes at once.



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With the Auxiliaries

B.C. Association Reports Encouraging Expansion

British Columbia Association of Hospital Auxiliaries welcomes seven new members:

Women's Auxiliary of Ocean Falls General Hospital, Ocean Falls.

Women's Auxiliary of Nicola Valley General Hospital, Merritt.

Glen Valley Women's Auxiliary of Langely Memorial Hospital, Murrayville.

Brookwood Women's Auxiliary of Langely Memorial Hospital, Murrayville.

Edgewater Ladies' Aid, Lady Elizabeth Bruce Memorial Hospital, Invermere.

Women's Auxiliary of St. Bartholomew's Hospital, Lytton.

Women's Auxiliary of Zeballos General Hospital, Zeballos.

A total of sixteen auxiliaries have become new members this year and all report excellent results.

Auxiliary Activities

Women's Auxiliary to Victoria Hospital, Kaslo, recently held a garden party and authorized purchase of linen and bed lamps for the hospital.

Ladies' Auxiliary of St. Joseph's Hospital, Victoria, held a linen shower and received 810 pieces of linen, 12 yards of towelling and the sum of \$225.25.

Ladies' Auxiliary of St. Paul's Hospital, Vancouver, specialize in making surgical dressing and visiting the sick and recently contributed \$25 toward the Manitoba Flood Relief Fund.

Women's Auxiliary to the Prince George Hospital have realized the sum of \$1,164.83 during the year. Besides donation of equipment for the children's ward, their big project this year will be a modern library.

Queen Alexandra Solarium Junior League show in their Annual Report the splendid total of \$20,328.66 in net receipts.

Ladies' Hospital Auxiliary of Mater Misericordia Hospital, Ross-

land, accomplished their main object for the year when they purchased a \$552 gas anaesthesia machine for the hospital.

Ladies' Auxiliary to the Nicola Valley General Hospital, Merritt, report a successful Annual Easter Dance to raise money for refurbishing the Nurses' Home.

Ladies' Auxiliary of St. Bartholomew's Hospital at Lytton, which has 46 members, purchased material and made twelve pairs of drapes for the Nurses' Home from funds collected at a silver donation tea.

Women's Auxiliary of St. Joseph's Hospital, Dawson Creek, has completely furnished a living room for the Nurses' Home and they are planning to sound-proof the case room and buy additional equipment.

Hospital Aid Society, assisting the Women's Missionary Society Hospital at Burn's Lake, has only six active workers but they hope to buy a wheel chair from the proceeds of a tag day.

* * * * *

Halifax Auxiliary Holds Annual Fair

The Women's Auxiliary of the Grace Maternity Hospital, Halifax, will be using the money from their annual fair this year to help complete a redecorating project they are now undertaking. These ambitious women are planning to paint and refurbish all the hospital rooms in lovely pastel shades. The 26-year-old auxiliary has never attempted such a large-scale project before but their success in such former undertakings as the provision of case room equipment, articles for the nursery, and steam tables for the diet department, assures that this new venture will be accomplished in the near future.

* * * * *

New Hospital Auxiliary Formed at Geraldton, Ont.

The women's religious organizations of Geraldton, near Fort William, recently met to form a hospi-

tal auxiliary to aid the Little Long Lac hospital. Miss Grace Watson, matron of the hospital, outlined the work of an auxiliary to the 31 women present. Each was asked to bring a new member to the next meeting and also a new idea for raising money for the hospital.

* * * * *

Oakville Women Furnish Nurses' Apartments

The ladies' auxiliary of the Oakville-Trafalgar Memorial Hospital have undertaken to furnish apartments for their nursing staff. Money for this project was raised at a tea and tour of district gardens this spring. From the \$2,200 realized, the auxiliary not only completed the furnishing of the apartments but were able to buy more equipment for the hospital.

* * * * *

Three Year Project Completed

At Camrose, Alberta, the Hospital Guild recently emptied their treasury when they transferred \$1,000.00 to St. Mary's Hospital, in payment of furnishings for the Children's Ward. The Guild has been working on this project for three years and raised their money by membership teas, rummage sales, fur fashion shows and card parties.

The Guild has been doing other notable work in their community, e.g., relief to needy families, Christmas entertainment for the nurses and the children in St. Mary's Hospital, donations of food and other articles for the patients at Rosehaven, and also clothing to the Winnipeg Relief Fund.

* * * * *

Advantages of Aid Membership

The advantages experienced by members of an auxiliary may be described as follows: a deep feeling of satisfaction; the development of extensive pride in their institution; a greater feeling of security acquired through the knowledge that certain equipment has been made available to the hospital; a sharing of ideas for service, and the realization that service to one's fellowman is paramount.

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The Kinder World of Books Assists in Rehabilitation

EVER since the invention of the printing press, reading has been a boon and blessing to an increasing number of people throughout the world. The printed word is the basis of modern civilization. It is the universal means of communication among the nations and is the high road of world culture. More recently, it has been proved that reading can be of immense value in the healing of the sick.

Having in mind the success which has attended the circulation of millions of books to hospitals in the course of the past 30 years, medical men agree that reading can often mark the rehabilitation of hospital and convalescent patients. Originally, books were distributed for purposes of diversion; today, when cir-

This article is printed through the courtesy of the British Information Service Bureau. Mr. Hillson is a well-known United Kingdom feature writer and journalist.

Norman Hillson

culated with proper care and attention to subject matter, they are considered to be of the highest remedial value.

Experience of Two Wars

The vast organization in Britain of the St. John and Red Cross Hospital Library Service came into existence after World War I. A mounting number of casualties filled the hospitals and voluntary organizations were formed to collect books for the recreation of the wounded. When the war ended it was decided to continue the distribution of such literature to British hospitals for the benefit of civilian patients.

In the inter-war years, public interest lessened and the organizers of the scheme faced many difficulties. However, when hostilities broke out again in 1939, a renewed appeal for

books to be used in hospitals met with such an enthusiastic response that by 1945 no fewer than 4,000,000 volumes were in circulation. This time the usefulness of books as an auxiliary to medical treatment had become widely recognized.

A new type of hospital officer now came into being—the librarian. On his shoulders fell the responsibility of trying to “fit the book to the patient”. It was found that in many cases patients had no previous inclination for reading of any but the most cursory kind. They had to be stimulated before they realized the ultimate benefit, apart from pleasure, that reading gives to the tired spirit. In most cases of long-term convalescence in sanatoria, on the other hand, it often became impossible to keep up with the demands of patients eager to pursue a course of study in a particular subject.

Gradually initial difficulties were overcome and to-day the “cure of books” is part of the accepted regimen of British hospitals. There are, on the average, 386,000 patients in hospitals and convalescent homes in Britain and Northern Ireland, and in Service Hospitals in overseas stations. However, in those hospitals serviced by the St. John and Red Cross Hospital Library Department, a suitable book is always available for everyone.

Such a service demands an elaborate organization and most of the 4,000 workers are volunteers. These men and women collect and distribute books, and many of them have become expert at rebinding and repairing damaged volumes. There are 184 book repairing depots and last year some 48,000 books were repaired with the use of 4,000 yards of binding materials.

Special Machines

The provision of reading matter to ordinary patients, who are able to use their hands in the normal way, presents no great difficulty. But what of those who are so crippled or paralysed that they cannot hold a book or turn a page? This problem was successfully overcome in the United States where an electrically driven “page-turning machine” was devised. It consisted of a long thread, with clips fixed on each page, attached to a revolving drum.

(Concluded on page 88)



A patient in an “iron lung” reads a book by the aid of an electrically-controlled device. To turn the pages, the girl presses her chin against a button on the panel in front of her.

Less work for the nurse . . .

More convenience for the patient —



THIS newly-developed utility table brings many extra advantages to hospital service. It combines a variety of features for increased usefulness and efficiency.

With it, the patient requires less attention. He can easily operate the crank to raise or lower the table to his own convenience.

The large Arborite surface provides plenty of space for eating or writing. There is large vanity mirror, removable tray for holding patient's necessities, and reading rack to accom-

modate book or magazine. The special Simmons double-hinge makes the table equally useful as reading rack or vanity no matter on which side of the bed the table is placed.

In addition, the H-275, in its elevated position, can be used as an instrument table by doctors or nurses giving bedside treatments.

The table adjusts from 44½" down to 29½" for use by patient sitting in a chair. Sturdy steel construction assures its durability, makes it easy to clean and keep clean.

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◀ Provincial Notes ▶

Prince Edward Island

TYNE VALLEY. The new Stewart Memorial Health Centre will be built here to serve 22 school districts with a population between 3,000 and 4,000. The unit will have six beds, a three-bassinets nursery, and equipment to handle minor surgery, emergency, medical, and maternity cases.

Nova Scotia

SYDNEY. A new St. Rita Hospital will be erected here at a cost of approximately \$1,500,000. Construction will not get underway until April, 1950. Architects for the new building are Govan, Ferguson, Lindsay, and associates.

SYDNEY. Plans are being considered for a proposed \$2,000,000 Cape Breton County Hospital (mental) and a staff residence. A committee headed by acting Sydney mayor Tony Gallagher has conferred with the Department of Municipal Affairs on the question of financing the project.

New Brunswick

SAINT JOHN. The \$1,100,000 addition to Lancaster Hospital, D.V.A., will provide wards, dining rooms, laboratories, kitchens, refrigerators, work shops, rest rooms, and storage space. Construction also includes a power plant which eventually will supply heat and power facilities to the whole hospital.

ST. STEPHEN. A new 116-bed hospital is being built here to replace the over-crowded Chipman Memorial Hospital. To be constructed in the

shape of a "T", the new building will be erected on a 22-acre tract that will allow ample space for parking and future expansion. The estimated cost of construction, which began in August, is approximately \$1,150,000. The architectural firm of Govan, Ferguson, and Lindsay, has designed the new hospital.

WOODSTOCK. The Carleton County Council has officially approved the construction of a new 75-bed, \$675,000, hospital which will serve the towns of Woodstock, Hartland, and Carleton County. The present 54-bed Fisher Memorial Hospital, which is regarded as inadequate, will be incorporated in the new institution to be known as the Carleton Memorial Hospital.

Quebec

CAP-DE-LA-MADELEINE. The construction of the new Hôpital Cloutier is progressing rapidly. The heating plant will be installed this month to enable workmen to continue interior construction throughout the winter. It is expected that the 4-storey building will be completed next April.

GRAND'MERE. The new 6-storey Lafleche hospital was opened here recently. The building provides space for 145 beds and was erected at a cost of approximately one and a half million dollars. It is under the direction of la Congrégation des Filles de Jésus.

MATANE. The new Hôpital du St-Rédempteur was officially opened here in July. The six-storey building has space for 150 beds and serves an area containing some

50,000 people. It is operated by the Dominican Sisters of the Infant Jesus.

Ontario

HAMILTON. A new children's pavilion is to be erected at the Mountain Sanatorium here which will accommodate 64 patients, and provide living quarters for 40 nurses. It will be called the Holbrook Pavilion and will replace the old wooden preventorium. The name has been chosen in honour of Dr. Howard Holbrook, former superintendent of the sanatorium.

LONDON. Westminster Veterans' Hospital will construct a new medical building which will cost approximately \$3,000,000. The addition will contain from 250 to 300 beds, operating rooms, and kitchen and dining rooms for the whole institution. The new building is part of a construction program which aims to house the entire hospital, eventually, in modern fireproof buildings rather than in the wooden structures which were erected during the first and second world wars.

NORTH BAY. A new active treatment hospital is being built here which will contain 93 beds and a 20-bassinets nursery. It will replace the present Queen Victoria Hospital which is to be renovated to provide space for 44 beds for chronically ill patients.

ST. CATHARINES. Construction has begun on a new wing for the St. Catharines General Hospital. An old building formerly housing the isolation hospital on the east side of the grounds was demolished to make way for the new wing. The new building is part of a construction program which will include the erection of connecting wings between existing hospital units and which it is expected will take a year and a half to complete. Total cost of the project is approximately \$2,250,000.

(Concluded on page 104)

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◀ Book Reviews ▶

TRAINING FOR CHILDBIRTH. By Herbert Thoms, M.D., Professor of Obstetrics and Gynaecology, Yale University School of Medicine, and Obstetrician and Gynaecologist-in-Chief, University Service, Grace-New Haven Community Hospital, New Haven, Conn. Foreword by Amos Christie, M.D. Pp. 108. Price \$3.90. Published by McGraw-Hill Company of Canada, Ltd., Toronto, Ont. 1950.

This work presents the first professional report on the details of the "training for childbirth" program as it has operated at the Grace-New Haven Community Hospital since 1947. There has been so much publicity about "natural childbirth" since the publication in England of Dr. Grantly Dick Read's books on the subject that this book by Dr. Thoms, which is directed primarily to physicians and nurses, should be of great assistance to members of the medical profession in answering the many questions with which they are now besieged, or in applying this program themselves.

Based on the theory that childbirth is a natural, normal, function of the body which requires the physical and mental preparation of the expectant mother, the program, in addition to conventional procedures, emphasizes, first, an educational program and, secondly, increased care or "support", moral and physical, during labour. The latter is considered the most important part and requires constant attendance during this time. The husband is often of great help here. The educational program consists of two sections, the lectures and the exercise classes. This might be considered psychosomatic medicine, since the greater part of the pain in childbirth is caused by the spiralling effect of fear and tension. Two simple lectures are given during the prenatal period, which the book reports verbatim, and the expectant mothers are shown around the maternity department of the hospital. Two exercise classes are also given, which are described in detail, complete with

diagrams. Here, the mothers are taught the relaxing and breathing exercises so important if the mother is to participate in the birth of her child. It is pointed out that relaxation and the individual's attitude can materially alter the pain threshold, but that natural childbirth is *not* painless childbirth. The point is also made that this method is not new—the author here quotes the "Sage of Concord", to the effect that "The student of history is like a man going into a warehouse to buy clothes or carpets. He fancies he has a new article . . . he finds that his new stuff repeats the scrolls and rosettes which are found on the interior walls of the pyramids of Thebes".

In this hospital the program stresses "rooming-in", that is, the mothers are put into four-bed wards with their own babies in an adjoining cubicle nursery. The advantages and disadvantages of this arrangement, along with comments by the patients, are discussed in the chapter on this topic. Of special interest is the floor plan of a typical rooming-in unit.

The results of the experiment to date, with regard to both physical and psychological aspects, have been carefully compiled from 546 case histories and from comprehensive questionnaires filled out by the mothers. The author feels that, for the uncomplicated obstetrical patient, the method has many advantages, but he is careful not to exaggerate these advantages or to ignore the problems. Over 90 per cent of the patients were conscious or semi-conscious at the time of delivery, although many of these took advantage of the opportunity for a whiff or more of anaesthetic, which was always available. In the chapter devoted to comments and reports from private practitioners, one physician states that one-half to three-quarters of his patients are conscious at the time of delivery and he points out that the method does not have failures in

the usual sense, because anaesthesia can always be applied in greater or less degree. He feels that this program is "of benefit not only during actual labour but during the whole prenatal period for the peace of mind it engenders".

Certainly, this approach to "one of the most highly charged experiences of a woman's life" is worthy of the attention of the medical profession, especially with the present high level of public interest in the subject of natural childbirth. This book, written in straightforward, factual style, well-sprinkled with comments by the hospital staff, by doctors in private practice, and the patients themselves, presents a fair and detailed picture of this program as applied in the teaching clinic of a hospital.

SCIENTIFIC PRINCIPLES IN NURSING. By M. Esther McClain, Reg.N., B.S., M.S., Instructor in Nursing Arts, Providence Hospital School of Nursing, Detroit, Mich. Formerly Instructor in Nursing Arts, Catholic University of America, Washington, D.C. Illustrated. Pp. 410. Price, \$3.50. Published by C. V. Mosby Co., St. Louis, Mo.; Canadian Agents, McAlinsh and Co., Ltd., Toronto. 1950.

Comprehensive coverage is given in this book to every phase of the actual nursing of the patient—the application of scientific principles to the nursing of almost every type of medical condition. General care is outlined in detail for the skin, the hair, the posture, elimination, and general comfort. In each case the normal condition is described, then the variations that are likely to occur and which the nurse must learn to observe. The care of the patient during various treatments is then outlined, including those for diseases of the respiratory tracts, the stomach, the ear, for wounds and accidents, et cetera.

The author's approach is to cover each nursing situation thoroughly from the standpoint, in turn, of each of a series of relevant sciences. For instance, in the chapter on nose and throat treatments, the types of treatment likely to be called for are mentioned first, together with the equipment required; then the author gives a general outline of the anatomy and

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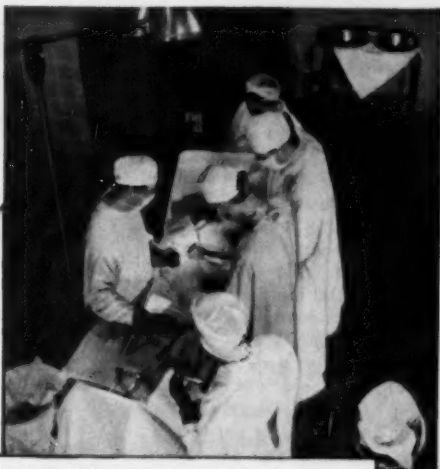
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physiology of the area, the microbiology involved, the pharmacology concerned for gargles and irrigations, and the physics of pressures and temperatures for irrigations and other treatments. Next are discussed the psychological and sociological aspects of the condition, and finally, under the heading, "Learning Situations for the Patient", the opportunities for teaching the patient to help himself both in hospital and at home. Each chapter is followed by a series of questions to help the nurse check her own performance. The last chapter in the book follows through in complete detail the plan of nursing for one particular patient.

This book should be very helpful to the student nurse for keeping in mind the principles of the various sciences which are behind the techniques used in every situation in nursing.

DIET MANUAL OF THE MONTREAL GENERAL HOSPITAL. Compiled by the Committee on Hospital Diets. Foreword by I. M. Rabinowitch, M.D., Montreal. Pp. 80. Price, \$2.50. Published by the Montreal General Hospital, 66 Dorchester St. E., Montreal. 1950.

An extremely useful book has emerged through the collaboration of the Departments of Metabolism and Dietetics at the Montreal General Hospital. As pointed out in the foreword, the advances which have been made in the science of nutrition, still one of the most fertile fields in medical research, have been phenomenal in the past few years. Now, as earlier, there are low calorie diets but now, unlike then, sufficient is known about the required amounts and proportions of other food elements to permit the construction and use of such diets without harm. More is known now about the effects on nitrogen equilibrium of low protein diets and allowances are made to counteract them. This collaboration of the two departments has produced a happy combination of the physiological requirements for food values and the psychological requirements, such as appearance and palatability.

The manual comprises more than just a collection of menus; it pro-

vides with each diet a brief explanation of the physiological reasons behind the construction of the diet. A standardized collection of almost every type of diet considered to be of value today is presented and the nonstandardized variations of these are purposely omitted with the objective of pointing the way to a very necessary simplification of the work of the dietary department. Included in the manual is the new Dietary Standard of Canada, as described in the Canadian Bulletin on Nutrition, Vol. 2, No. 1, March 1950. (See also the Canadian Hospital, p. 39, June 1950). It is apparent that this book will also be of value for educational purposes.

In the words of Dr. Rabinowitch, "the material within these pages fills a hiatus in the armamentarium of all concerned with diet therapy; it is in every sense a guide for . . . (those) . . . who wish to prescribe intelligently rather than by rule". All returns from the sale of this book, now available, accrue to the hospital.

SIMPLIFIED CHEMISTRY EXPERIMENTS. By Armand Joseph Courchaine, Instructor in Biological Chemistry, Hahnemann Medical College, and Science Instructor, Hahnemann Hospital School of Nursing, Philadelphia, Penn., formerly Analytical Chemist, The Barrett Division, Allied Chemical & Dye Corp., Philadelphia, Penn. Pp. 234. Illustrated. Price, \$3.25. Published by G. P. Putnam's Sons, New York; Canadian Agents, McAlinsh and Co., Ltd., Toronto. 1950.

This manual is designed for the use of both students and instructors in the chemistry laboratory; it can be used with any standard text or texts covering the fundamentals of inorganic, organic, or physiological chemistry. There is an ample selection of experiments for courses having a time allotment of as much as one hundred and twenty hours, but for courses with sixty hours or less, a guide is included to aid in the choosing of the most important material. For the further assistance of the instructor, most of the experiments have been arranged so as to fit into a two-hour period; and there are complete equipment lists and directions placed at the beginning of each experiment.

The experiments are well set forth, with clear and complete directions which are easy for the student to follow. All of these experiments have been tested thoroughly for accuracy and results. To arouse the interest of the students, each exercise is followed by questions of a practical nature, some of which require the ability to apply the knowledge being gained. For instance, the experiment on the reactions of acids, particularly on carbonates, contains the question, "What would you do if someone swallowed concentrated hydrochloric acid?" Blank spaces in which to write the answers accompany the questions, which eliminates the necessity for a separate notebook or papers. This manual should be very helpful to chemistry students and instructors both.

SURGERY FOR NURSES. By Hamilton Bailey and McNeill Love. Pp. 511. Price 21s. Illustrations 555 (86 coloured). Published by H. K. Lewis & Co. Ltd., London, Eng.

In revising the seventh edition of this book, the authors have endeavoured to present to the nurse the principles and practice of modern surgery in so far as they directly concern her. With this in mind, they have included a large number of new illustrations and have incorporated historical notes concerning those whose names are perpetuated by their work and researches. Opening chapters deal with bacteriology and specific infection, inflammation and wounds, and tumours, and succeeding ones describe in detail disease of all parts of the body and treatment. Final chapters are concerned with such practical subjects as the preparation of a patient for operation and post-operative care, surgical materials and dressings and their sterilization, equipment and technique in the operating theatre, and preparation for operations in the private home.

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A Hospital's Personality

IN itself, considered just structurally, a hospital, like any other pile of brick and mortar, is an inanimate thing, but a hospital nevertheless does gain and does possess a personality. Sometimes it is pleasing, comforting, cheering, and inspiring, but in other cases it is ugly, depressing, cold, forbidding, giving one the feeling almost of apprehension and fear.

Wherein lies the difference? What factors produce these distinctive characteristics of personality?

The first elements of a hospital's personality are born in the mind of the designing architect: if he

is thinking only of utility and economy (and sometimes he's forced to thus confine his thoughts) he will produce just those features and those alone. But if he gives (or is allowed to give) free play to his artist's soul and to express his understanding of those tokens of human sensitivity, culture, and appreciation, he can combine these with utility and economy and produce both inside and outside of the hospital, the colour and form which engenders warmth and friendliness, tranquility and confidence—the structural personality which adds life, quiet beauty, and inspiration. So much in brief for the building—and the architect.

A Tribute to The Maritime Hospital Association

(Reverend Sister Kenny, President of the Maritime Conference of the Catholic Hospital Association, salutes the M.H.A. in the following paragraphs.)

The eighth annual meeting of the Maritime Hospital Association took place at the Algonquin Hotel, St. Andrews-by-the-Sea, N.B., June 13th to 15th. Those privileged to be present marvelled at the expansion and growth of this association during the 8 years of its existence.

Previously, Maritime hospitals had felt the need of an organized group to further the interests of the various hospitals in its territory. Several attempts had been made to organize in separate provinces but this method proved of little value. The only Maritime hospital group functioning up to the year 1942 was the Maritime Conference of the Catholic Hospital Association. This assembly of Maritime Catholic hospitals came into being in 1922, twenty years previous to the establishment of the M.H.A. The fine spirit of its founder and first members soon became felt in outside circles. The improved *esprit de*

corps among Catholic hospitals, as well as scientific advances in hospital management and nursing technique, attracted the attention of the local hospitals. Therefore, it was to this group that application was made in 1942 for assistance in forming an association which would include all Maritime hospitals, whether under lay or religious auspices. The experience and support of the Catholic group was willingly extended to this new and eager Association and both have worked side by side with enthusiastic interest since its inauguration in 1942.

A splendid spirit of co-operation has ever characterized its members. Lay and religious executives labour side by side, with one common interest—to improve ever more and more the character of our Maritime hospitals and to give evidence of the spirit of comradeship and unity of purpose which is a coveted trait of Maritime people. Judging from the success of its attainments in the first few years, one would prophesy great things for an Association which has at its disposal talent and enterprise second to none in the hospital world. ●

Now consider the outside environment, the grounds and their gardens. A hospital without grounds and gardens, without trees and shrubs and lawns and flowers, is just an institution; it is an edifice of economy and utility, but failing to quite reach even those objectives because it has overlooked man's essentially aesthetic nature which becomes warped, unresponsive, and degenerate when deprived of beauty. If we want a hospital personality which will commence its therapeutic service even as the patient approaches its doors, and will, as the convalescents gaze out upon their surroundings, add the therapy of pleasing environment to that of surgery, drugs, and treatment, then we must provide space; space that is enhanced by the natural and cultivated beauty of trees and shrubs, of lawns and flowers.

But we can't stop even there! A hospital's personality is produced, more potently than from any other source, by its *staff*—its executives, its officers, and its rank and file employees.

In and from and by the personalities of its staff, the hospital gains (or loses), in its grounds and gardens, in its buildings and appointments, and in its *inner and intimate atmosphere and temperament*, gains or loses the warmth, the friendliness, the sympathy, and the beauty of human kindness, understanding, reliability, and integrity, which are the colour factors and tokens of a hospital's personality.

A hospital staffed, even partially, by selfish, self-centered, self-seeking, egoistic personnel, soon reveals itself in the ugliness of such strife, bitterness, unfriendliness, and hostility, as will quickly characterize its personality and ruin its effectiveness.

A hospital on the other hand whose staff see themselves only as interrelated, interdependent units *serving the sick* and are putting forward the best that is in them in a devoted, co-operative, and friendly effort to that end, will, even unconsciously, build up and display the charm, the inspiration, and the practical helpfulness of the hospital's living personality.—An editorial in "The Hospital Magazine" (Australia), November, 1949.



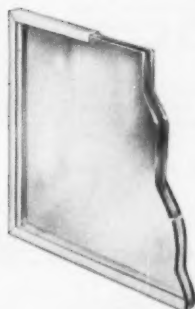
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The Trustee as Intermediary

(Continued from page 30)

attractive advertisements boasting the perfection of signal lights which announce to all interested parties the birth of a boy or girl. Laudable as this may be to shorten the period of anxiety or the last pains of the prospective father, it is scarcely justifiable to undertake the expense of such installations, especially since in our age of precision it might be necessary to extend this system so that it could indicate the birth of triplets, or even quadruplets. Absurdities aside, however, the demands of a hospital are always serious.

Hospital and the Community

There is a close relationship between the hospital and those sections of the community which benefit directly through the hospital. These are:

- (a) Patients who receive medical treatment;
- (b) Parents of these patients who believe that their morale is helped and their worries are eased by the confidence inspired by the hospital;
- (c) A faculty of medicine which needs the hospital as a place to train its students;
- (d) Members of the medical profession who require the facilities of the hospital;
- (e) The nursing school which could not find elsewhere the practical teaching made available in the hospital.

The trustee should understand that good relations should be established with benefactors, subscribers, civil, religious, and governmental authorities; with social clubs, welfare organizations, and similar institutions, whether national or international. This is quite a responsibility but one which cannot be ignored or neglected if the trustee is to obtain the financial help which is due to the sick for their care and comfort.

A Patient's Finances

There are sick people in our hospitals who can meet the costs of their hospitalization; others who cannot pay half; a good number whose financial position allows them

to pay only a minor portion of the costs, and finally, the indigents. In recent years, there has been a new group of people whose expenses are partly covered by Blue Cross or some form of sickness insurance.

Naturally, the financial position of a sick person should not deprive him of the hospitalization that he needs. When indigent patients are numerous, the hospital cannot cover its operating costs and then it is the duty of the trustee to turn to the community, to seek the aid of governments, municipalities, and the general population.

The cost of caring for an indigent cannot be less than the average cost of care for other patients. This aid which is given directly to the needy individual is a duty of the government authorities to the individual

Un Résumé

L'auteur établit les relations qui existent entre un hôpital et la société. L'hôpital complète l'oeuvre de la maison puisqu'on y traite la maladie, chose qui ne peut être faite à la maison. Cependant l'hôpital requiert une organisation matérielle et scientifique qui n'est réalisable que par une étroite relation avec la société. Cette coopération se fait à l'aide d'un intermédiaire qui dans nos organisations est le bureau des gouverneurs. Un administrateur, membre de ce bureau représente, à la fois, l'hôpital et la société. Il verra tout d'abord à établir une collaboration étroite entre les différents services afin que l'hôpital puisse remplir ses devoirs. Les gens de la société doivent comprendre que l'hôpital ne peut atteindre son but qu'avec leur appui moral et financier. L'administrateur doit se rendre compte que c'est à lui d'établir les relations avec les bienfaiteurs, les donateurs, les autorités civiles, religieuses, et gouvernementales. Il faut se rappeler que pour bien fonctionner les hôpitaux doivent être à l'abri des influences politiques. Comme le disait Dimoch en 1948 le seul moyen de résoudre les problèmes humains est de trouver une base commune d'intérêt et ce n'est qu'en recherchant cette base que le bureau des gouverneurs, l'hôpital, et la société pourront travailler au plus grand bien de tous.—Yves Prévoost.

and not to the hospital. In the case of public assistance, the hospital agrees to care for the sick and the government and municipality, in the name of the community, repay the hospital part of the cost.

Do not let us be under any illusions concerning government assistance to our hospitals for this aid does not free us from our social and civic obligations towards the sick. In every community there are persons who are willing to assume this obligation and who will expend themselves freely on community service. These elite are everywhere. It is only necessary to find them.

In contrast with our voluntary hospitals, state hospitals are more or less bound to suffer from the inconvenience of politics where the instability of parties may seriously compromise the stability of the hospital. Political, commercial, or personal interests are possible obstacles to the constant advancement of a hospital, especially from the trustee's viewpoint. So that our hospitals may maintain the confidence of the community and serve its needs, let us ask God to keep the field of action independent. Let it be propitious to the development of the ideal spirit of devotion and of a social sense, cultivated freely to be among the fine products of the human heart placed at the service of the suffering.

Rights of the Trustee

The trustee is duty bound to keep the community informed about every aspect of the hospital and in turn he has the right to look to this same community for aid and support. All those who know of the difficulties of such an organization should give this support. The trustee has reason to expect financial aid from the general community—particularly from those who have already benefitted from the hospital's services. Who can hope to escape illness?

The trustee has also the right to claim the close collaboration of all the hospital's personnel, for he is justified in depending upon the aid which each person, directly or indirectly, is called upon to give to the community which he represents.

These few considerations, which I have submitted to your attention, make it clear that even the highest

(Concluded on page 32)

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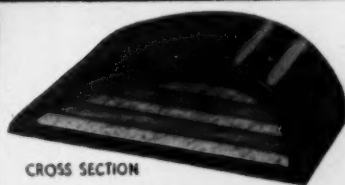
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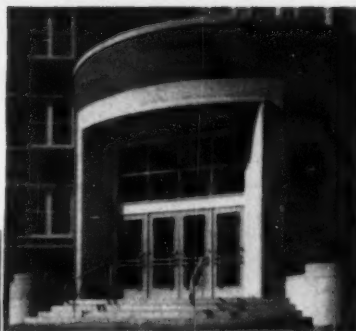


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Right shows the impressive main entrance to the new Peterborough Civic Hospital.



A view of one of the operating rooms showing how neatly the Metal Craft instrument cabinets have been built in as an integral part of the room.



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Here and There

"Cheats and Bubbles" of Yesteryear—

(From "The Spectator III", by
Joseph Addison).

IT gives me much Despair in the Design of reforming the World by my Speculations, when I find there always arise, from one Generation to another, successive Cheats and Bubbles, as naturally as Beasts of Prey and those which are to be their Food. There is hardly a Man in the World, one would think so ignorant, as not to know that the ordinary quack Doctors, who publish their great Abilities in little brown Billets, distributed to all who pass by, are to a Man Impostors and Murderers; yet such is the Credulity of the Vulgar, and the Impudence of these Professors, that the Affair still goes on, and new Promises of what was never done before are made every Day. What aggravates the Jest is, that even this Promise has been made as long as the Memory of Man can trace it, and yet nothing performed, and yet still prevails. As I was passing along to Day, a Paper given into my Hand by a Fellow without a Nose tells us as follows what good News is come to Town, to wit, that there is now a certain Cure for the French Disease, by a Gentleman just come from his travels.

In Russell-Court, over against the Cannon-Ball, at the Surgeon's Arms in Drury-Lane, is lately come from his Travels a Surgeon who hath practised Surgery and Physick both by Sea and Land these twenty-four years. He (by the Blessing) cures the Yellow Gandice, Green Sickness, Scurvey, Dropsie, Surfeits, long Sea Voyages, Campains and Women's Miscariages, Lying-In, Etc. as some People that has been lame these thirty Years can testify; in short, he cureth all Diseases incident to Men, Women, or Children.

If a Man could be so indolent as

to look upon this Havock of the human Species which is made by Vice and Ignorance, it would be a good ridiculous Work to comment upon the Declaration of this accomplished Traveller. There is something unaccountably taking among the Vulgar in those who come from a great Way off. Ignorant People of Quality, as many there are of such, doat excessively this Way; many Instances of which every Man will suggest to himself without my Enumeration of them. The Ignorants of lower Order, who cannot, like the Upper Ones, be profuse of their Money to those recommended by coming from a distance, are no less complaisant than the others, for they venture their lives from the same admiration.

The Doctor is lately come from his Travels, and has practised by both Sea and Land, and therefore cures the Green-Sickness, long Sea Voyages, Campains, and Lying-In. Both by Sea and Land;—I will not answer for the Distempers called Sea Voyages and Campains; but I dare say those of Green-Sickness and Lying-In might be as well taken Care of if the Doctor staid a-shoar. But the Art of managing Mankind, is only to make them stare a little, to keep up their Astonishment, to let nothing be familiar to them, but ever to have something in your Sleeve, in which they must think you are deeper than they are. There is an ingenious Fellow, a Barber, of my Acquaintance, who, besides his broken Fiddle, and a dried Sea-Monster, has a Twine-Cord, strained with two Nails at each End, over his Window, and the Words Rainy, Dry, Wet, and so forth, written to denote the Weather according to the Rising or Falling of the Cord. We very great Scholars are no apt to wonder at this; But I observed a very honest Fellow, a chance Customer, who sat in the Chair before me to be shaved, fix his Eye upon this miraculous Performance during

the Operation upon his Chin and Face. When those and his Head also were cleared of all Incumbrances and Excrescences, he looked at the Fish, then at the Fiddle, still grubbing in his Pockets, and casting his Eye again at the Twine, and the Words writ on each side; then altered his Mind as to Farthings, and gave my Friend a Silver Sixpence. The Business, as I said, is to keep up the Amazement; and if my Friend had only the Skeleton and Kitt, he must have been contented with a less Payment. But the Doctor we were talking of, adds to his long Voyages the Testimony of some People that has been thirty Years Lame. When I received my Paper, a sagacious Fellow took one at the same time, and read till he came to the thirty Years Confinement of his Friends, and went off very well convinced of the Doctor's Sufficiency. You have many of these prodigious Persons, who have had some extraordinary accident at their Birth, or a great Disaster in some part of their Lives. Any thing, however foreign from the Business the People want of you, will convince them of your Ability in that you profess. There is a Doctor in Mouse Alley near Wrapping, who sets up for curing Cataracts upon the Credit of having, as his Bill sets forth, lost an Eye in the Emperor's Service. His Patients come in upon this, and he shews the Muster-Roll, which confirms that he was in his Imperial Majesty's Troops; and he puts out their Eyes with great Success. Who would believe that a Man should be a Doctor for the Cure of Bursten Children, by declaring that his Father and Grandfather were born bursten. But Charles Ingoltson, next door to the Harp in Barbican, has made a pretty Penny by that Asseveration. The Generality go upon their first Conception, and think no further; all the rest is granted. They take it, that there is something un-

(Concluded on page 102)

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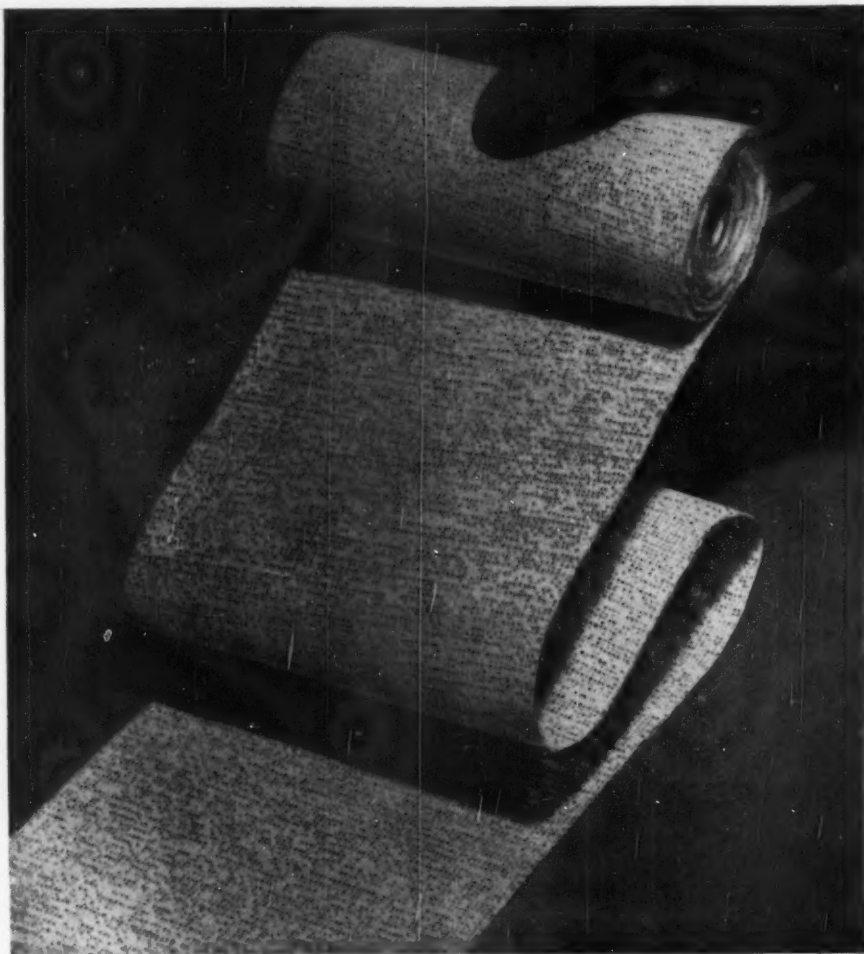
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Hospitalization of Cases of Communicable Disease

THE hospitalization of cases of communicable diseases has always been a problem to the hospital administrator and to the public health official. The 1948 American Medical Association Directory of Hospitals lists 65 isolation hospitals with a bed capacity of 12,556. These bed listings of isolation hospitals have a lower occupancy rate than any other hospital category—43.6 against 77.1 for general hospitals. There are only 18 states that have special isolation hospitals. These are all supported by official funds operated as a city, a county, or city-county function. By far the majority of the separate isolation hospitals are located in populous states east of the Mississippi River. Seven states—Massachusetts, New York, Pennsylvania, New Jersey, Michigan, Wisconsin, and Illinois—account for 71 per cent of such separate facilities.

It would appear, that since the isolation hospital is found in relatively few places and since the general hospitals must offer some service for the contagious case, be it in a separate wing, a special ward, or even a group of isolated rooms, there is need for establishing a set of minimum standards of procedures.

Questionnaires were sent to 126 general hospitals located in all of the states in the Union. Hospitals were selected with bed capacities of 200 or more. In certain states there were no hospitals of that size. In such instances the largest hospitals were selected. Seven states had no hospital, of 200 or more beds. Replies were received from 60 hospitals (47.6 per cent of those queried), representing 30 states. It would appear that the distribution of the states replying is such as to give a fair representation of practices throughout the country.

Queries were also sent to the 48 state health officers to establish

whether any state laws existed covering the admission or isolation procedures of hospitals admitting or caring for cases of communicable diseases. Replies were obtained from 35 state health officers. In general, most state health officers point out that there are no laws covering the admission practices or isolation procedures for cases of communicable diseases. In only 6 states is there more than a very general statement about the required provisions in handling contagious diseases in hospitals. Indiana and Massachusetts have the most explicit requirements of all states replying to this inquiry. Sanitary Codes in many instances do have special references to hospital control measures as they apply to epidemic diarrhoea of the newborn.

Fifty-nine of 60 replies from general hospitals lent themselves to analysis. Eighteen of the 33 hospitals that did not admit all cases of communicable diseases stated that patients who developed a communicable disease after admission were transferred to another hospital for care.

Five of the 59 general hospitals analyzed stated that they contemplated some change in their policy of admission, indicating that new quarters were being added, or that some additional disease categories would be opened to admission, such as poliomyelitis, et cetera. Forty-seven indicated that no change in policy was contemplated. In several instances it was indicated that the policy was dictated largely by public opinion rather than by scientific fact or medical conviction. It would seem that where the concept of "pest house" had been well established, the fear of admitting contagious diseases to general hospitals runs strongest.

The facility of the general hospital most commonly used for cases of communicable diseases was the medical floor.

The general hospitals which admitted only certain types of cases showed a fair consistency, since cases of typhoid, paratyphoid, amebiasis, bacillary dysentery and food infec-

tions were admitted with comparable frequencies as were pneumonia and influenza—27 and 25. Poliomyelitis was admitted only to about 50 per cent of the institutions. Some of the low rates of acceptability may have been due to the fact that this disease did not occur in all sections of the country. It was interesting to note that two hospitals would not admit trichinosis or tetanus. It was equally significant that only 6 hospitals of the 27 admitted scarlet fever, but 22 admitted streptococcal sore throat. Leprosy was not acceptable to 20 hospitals, rabies to 11, actinomycosis to 10, and anthrax to 17. It was reassuring to see that the syphilitic was persona grata in 22 of the 27 hospitals.

To summarize the findings, a review of a representative sample of aseptic techniques employed in hospitals in this country indicates that a wide margin of safety is maintained beyond that required by the nature of the diseases handled and not justified by the recorded observations. The techniques are directed toward controlling:

1. admission of the patient;
2. location of the patient in regard to other patients;
3. immediate hospital environment;
4. action of personnel caring for the patient;
5. actions of persons visiting the patient;
6. all articles with which he comes in contact and which pass into the service part of the hospital or back to his home;
7. disposal of excretion and secretions;
8. disinfection of the individual upon discharge.

The review of medical aseptic or isolation techniques in the study indicates that:

(a) Some of the procedures in the hospital and public health fields in regard to isolation for the care of communicable diseases appear to be archaic.

(b) There is an economic need for devising adequate and simple facilities as well as safe techniques for the hospitalization of communicable diseases in general hospitals.

(c) There are contradictions in the admitting policies of some general

(Concluded on page 97)

From an article appearing in the "American Journal of Public Health", October, 1949, by Alfred L. Burgdorf, M.D., Courtesy of Hospital Abstract Service.

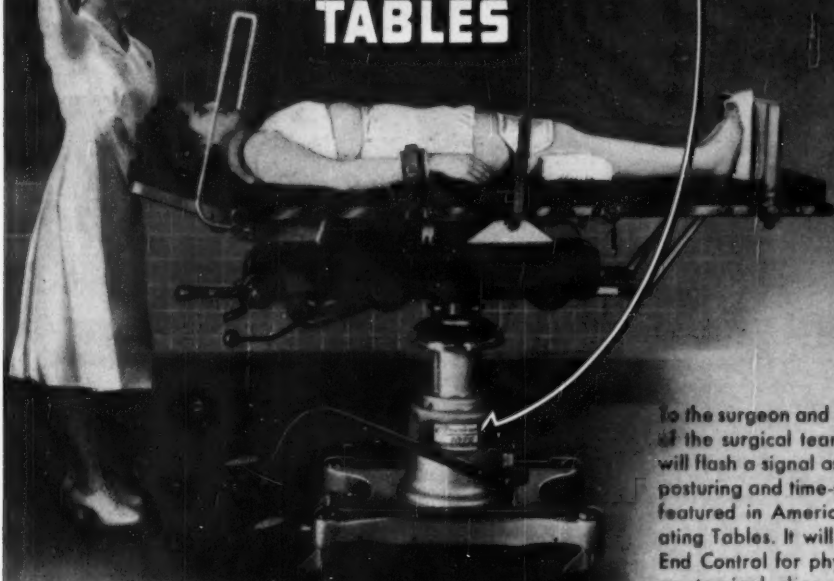
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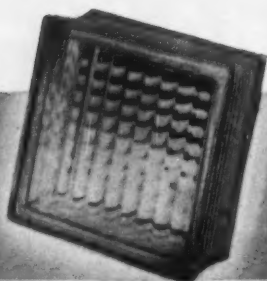


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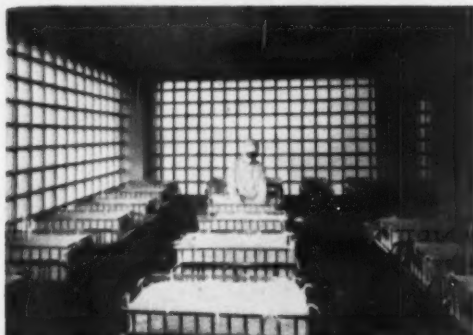
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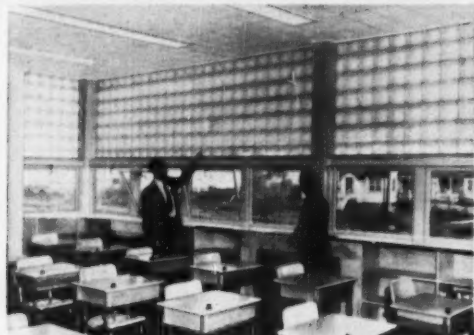
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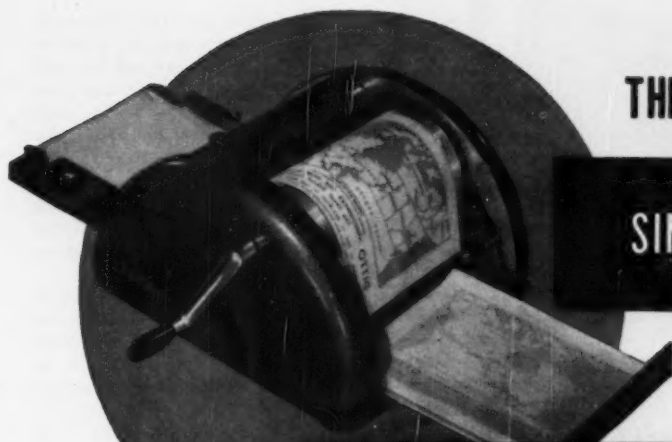
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Muscle Development by Heavy Resistance Exercises

THIS method of muscular development, known as the Delorme system, has been used for the past five years in the United States armed services, the Canadian armed services, and the Department of Veterans Affairs, as well as many civilian hospitals. The principle involves the lifting of relatively heavy weights, a small number of repetitions, in comparison to the high repetition of light weights formerly used, in such exercises as wall pulleys and stationary bicycles. It has been found extremely valuable in the re-development of the quadriceps muscle following injuries and operations of the knee and, to some extent, in poliomyelitis and arthritis.

The necessary equipment required to carry on these exercises in a home consists of:

(a) An ordinary water bucket with handle padded and strings attached to prevent the bucket from slipping off the ankle.

(b) A spring balance scale.

(c) Stones, sand, coal, or any other material, which is readily handled and available. One teacup of sand weighs approximately one pound.

The principle of this method is to ascertain by gradual increases (each increase consisting of ten movements through the range of the joint before extra weight is added), the maximum weight which the patient can lift. The amount of gradations would of course depend on the clinical condition of the muscle; whether it is badly atrophied or otherwise. One-half to one pound steps are suggested. When the maximum amount of weight which the patient is able to move through ten repetitions is found, this is used as

the limit for that week. Preferably on a Friday, more weights are added and the amount of weight ascertained which the patient can move through one single repetition. This is known as the one repetition maximum and is used as the index of improvement. The ten repetition maximum previously mentioned is then ascertained and that is used as the

working limit for the following week. It is suggested that patients be rested on Saturday and Sunday.

Another method which has been found to be efficacious is that used by Watson Jones in which the total amount of weight the patient is able to lift is arrived at and half that weight used for the working week, although in our experience the Delorme method has given much better results.

It should be noted that Delorme exercises may be carried out in the presence of effusion of the knee joint, provided the patient is on crutches or not bearing weight during the period when the effusion is present.—*T. H. Coffey, M.D.*

Lead Glass Fabric Protects Against X-Ray and Beta Radiation

Several long-term studies of cause of death in radiologists have shown a greater incidence of leukemia in that group than in other physicians. Leukemia has been produced also in experimental animals by irradiation.

It would seem that a definite relationship between exposure of the radiologist to scattered radiation (such as is received during fluoroscopy) and development of this malignancy may exist. Since the majority wear lead-rubber aprons, it seems possible that exposure of certain parts of the body, i.e., the arms, lower legs, and shoulders, to small doses of radiation over a long period of time may be a factor in the development of leukemia.

The conclusion was reached that a garment should be devised to cover parts of the body not presently protected. Various materials were considered but discarded because of lack of flexibility, weight, et cetera. The idea was then conceived of spun glass woven into a fabric. The Owens-Fiberglas research laboratory was visited and it was learned that lead glass had been spun into thread in 1941 following the suggestion of Lewison. Under contract, the Fiberglas Corporation produced the thread and wove it into cloth.

After receiving the cloth, deter-

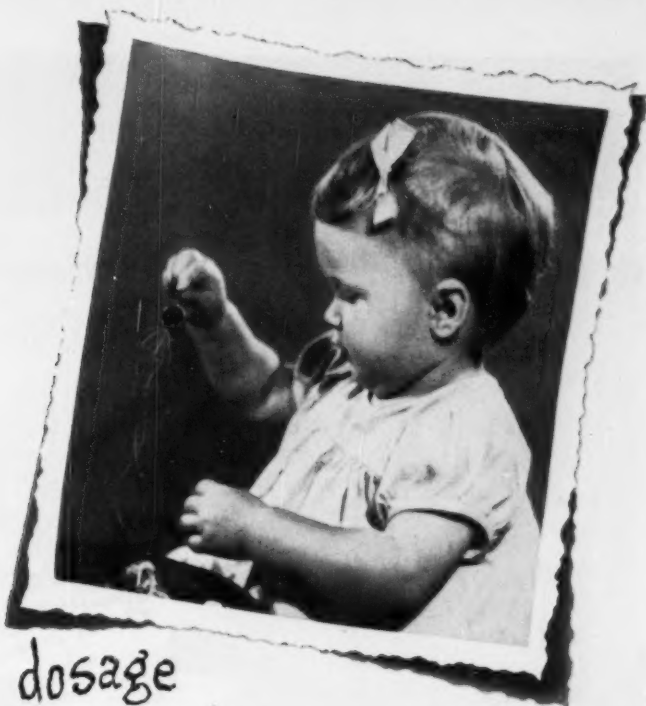
mining the percentage of ray transmission through varying thicknesses of the material and the amount of protection needed in various parts of the body, a gown was constructed as follows: Abdomen—5 plies; chest—3 plies; lower skirt—2 plies; shoulder to elbow—2 plies; lower arm—3 plies; back—open. The gown weighs ten and one-half pounds, compared with eleven pounds for a heavy type lead-rubber apron. It is so flexible that over half the weight is belted in at the waist, and much of the upper half is draped over the shoulders. All of the body is protected where protection is needed, to the extent of allowing only one-tenth of the tolerance dose to be transmitted.

Flexing tests to determine the durability of the fabric were made at the Institute of Textile Technology, making 22,000 flexes each way, and no breaks were seen even microscopically. The gown may be cleaned with soap and water.

The same fabric is highly resistant to beta radiation of atomic fission products.—*From an article on the same subject in "Hospital Management", Jan., 1950, Courtesy Hospital Abstract Service.*

At their best, nurses represent women at their best.—*Alta E. Dines.*

One of a series of short articles on "Physical Therapy in the Treatment of Rheumatoid Arthritis" by T. H. Coffey, M.D., Consultant, Dept. of Physical Medicine, Westminster and Victoria Hospitals, London, Ontario.



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Nursing Education

(Concluded from page 42)

vice under supervision and with remuneration. This service was to be given either in the home school or wherever needed. The course, discontinued in 1948, graduated 124,000 nurses. Another plan was organized by the Vancouver General Hospital, providing a course of two and a half years with an additional six months' paid internship.

Staff and Post-Graduate Education

The importance of an adequate and qualified staff for both nursing service and nursing education cannot be overestimated. Scholarships, bursaries, and loans, are available for post-graduate study in all the specialties. Nor is a post-graduate course alone sufficient. The nurse of to-day must continue her education by reading the professional journals, attending and participating in staff meetings, taking advantage of refresher courses which are planned to meet changing conditions. Above all she must realize that her personal contribution to the nursing profession depends on her continued growth in knowledge, culture, and spiritual values.

The responsibility of the nursing educator of today is great. She is moulding not only nurses but potential leaders. She realizes that the young people under her guidance are a trust and carefully avoids exploitation of students by providing adequate staff, by utilizing subsidiary

workers under controlled systems with careful demarcation of duties, and by employing part-time personnel to complement the full-time staff. Nor are national and regional nursing associations failing this great body of workers who find strength and inspiration in such unification of effort and purpose. The nursing associations are planning for the future of nursing and nursing education by obtaining adequate legislation. They are striving to assist both individuals and groups in professional advancement; and they are making constant effort to plan for security in a social system to which they make so fine and so necessary a contribution.

Kinder World of Books

(Concluded from page 60)

The apparatus worked by means of a switch which could be operated by touch. It could be operated by movement of the chin, pressure of the knees, or touch of the elbow. Use of the hands was unnecessary. The St. John and Red Cross Hospital Library Department lack the funds to purchase these machines, which are now being manufactured in England, and they must be supplied by the hospital or the individual concerned. However, the Hospital Library Department does have 50 machines of the American type which were offered as gifts by well-wishers in the United States. These are available, on loan, to hospitals where a St.

John and Red Cross Library Service is established.

Another problem concerned the patient who was compelled by illness to lie either prostrate or propped up in bed. In other days these people were condemned to long hours of boredom because they had nothing to occupy their minds. The resultant effect on their general health can be readily imagined. Science has come to their aid with the provision of micro-film projectors which reflect the printed page on to the ceiling or on to an improvised screen above the head. These devices can be operated by touch and the film can be turned backwards or forwards at will. Film books have to be made for these machines and no fewer than 300 works of all kinds are already in circulation through the St. John and Red Cross Hospital Libraries.

Prismatic Mirrors

A device of a young engineer employed by the English firm who manufacture the artificial respirator, popularly known as the "Iron Lung", has brought reading to the victims of infantile paralysis. This engineer adapted a series of prismatic mirrors which, when used in conjunction with the automatic page-turner, reflect the printed page. The book itself is behind the head of the patient who cannot see it, but the succession of mirrors brings the words in front of his eyes.

In many ways, therefore, through the efforts of volunteer workers, the contributions of well-wishers, and through the ingenious devices of inventors, reading brings happiness to patients in British hospitals. The "kinder world of books" has been opened to many sufferers and has helped them along the road to recovery.

A.C.S. Clinical Congress to be Held in Boston

The 36th Clinical Congress of the American College of Surgeons is being held in Boston next month, October 23rd to 27th, with headquarters at Hotel Statler.

According to an announcement by Dr. Paul R. Hawley, Director of the College, the varied program will include colour television, clinics, post-graduate courses, forums, symposia, panel discussions, official meetings, hospital conferences, and films. The national emergency will affect the character of many sessions since medical aspects of civilian defence and care of the military forces are

among the subjects slated for consideration.

Post-graduate courses are to be held each morning at five hospitals, the Boston City, Peter Bent Brigham, Children's, Massachusetts General, and Massachusetts Memorial. The subjects to be presented at each hospital on different days are: nutrition, vascular diseases, fractures of the skull and spine, fractures of the long bones, and pre- and post-operative care.

Throughout the week, conferences for hospital personnel will be held under the direction of Dr. Malcolm T. MacEachern, Director Emeritus of the College. ●

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The modern research and technical facilities of the Canadian Liquid Air Company are at the service of hospitals to aid in the design and construction of pipelines, which offer the most economical and efficient system for distribution of medical gas in hospitals.

A complete line of medical gases of the highest quality and purity is available to any hospital, anywhere in Canada, almost at a moment's notice, through our coast-to-coast network of distribution centres.

Medical Gas Division

Canadian **LIQUID AIR** Company
LIMITED
COAST TO COAST

Medical and Anaesthetic Gases and Mixtures, Airco,
McKesson, Foregger and Vaponefrin Aerosol Equipment • Gas Distribution Systems

One of a series of reports on

Cortone

Key to a New Era in Medical Science

First synthesized from a bile acid in the Merck Research Laboratories in 1946, Cortone* was used initially at the Mayo Clinic with dramatic results in the treatment of rheumatoid arthritis.

Since that time, clinical studies conducted by more than a thousand investigators have indicated a broad spectrum of usefulness for this hormonal substance.

As a result of steadily increasing production, adequate supplies of Cortone now are available for therapeutic use by the physician.

THE RECENT PRICE REDUCTION LOWERS COST OF CORTONE THERAPY APPROXIMATELY 50%.

Among the conditions in which Cortone has produced striking clinical improvement are:

RHEUMATOID ARTHRITIS and Related Rheumatic Diseases

ACUTE RHEUMATIC FEVER

BRONCHIAL ASTHMA

EYE DISEASES, Including Nonspecific Iritis, Iridocyclitis, Uveitis, and Sympathetic Ophthalmia

SKIN DISORDERS, Notably Pemphigus, Angioneurotic Edema, Atopic Dermatitis, and Exfoliative Dermatitis, Including Cases Secondary to Drug Reactions

CORTONE Acetate (Cortisone Acetate Merck) is available to hospitals having certain minimum facilities operated by trained technicians and under supervision of qualified physicians. For the present, this drug is to be used, during the initial period of treatment, only in hospitalized patients.

Cortone is produced in Canada at our Valleyfield plant.



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Manufacturing Chemists

Montreal - Toronto - Valleyfield

Cortone

TRADE-MARK

ACETATE

(CORTISONE Acetate Merck)

(11-Dehydro-17-hydroxycortisosterone-21-Acetate)

**Trade-mark of Merck & Co., Inc. for its brand of cortisone.*

The Trustee as Intermediary

(Concluded from page 72)

standard is dependent upon the spirit used in its application. This spirit, in the first place, must animate the trustee, for even if his actions do not directly regulate the hospital's activities and treatment of the patient, he is none the less responsible for them.

In a speech on education for leadership given in Atlantic City in 1948, Marshall Edward Dimoch stressed the need for integration. He also explained that "the only way to solve human problems is to establish a common basis of interest and a rapport—to establish a common ground, to achieve an institutional objective which everybody will work toward voluntarily and with enthusiasm because they are sold on the idea . . . and not because they are forced to do so".

This is what I wish to make clear in my discussion of the relations between the trustee and the community. I shall be happy indeed if I have been able to prove how much the community owes the trustee for

the obligations which he has taken upon himself to perform in its name and what gratitude should be accorded him.

I recently read a fascinating article on social life in France. I thought I had found in it an incentive to continue to fill our temporary role with more courage and more perseverance with the assurance that others will take over after us.

I quote: "Travaillons donc de plein coeur à l'assainissement, au progrès de notre société humaine; et si chaque jour l'homme entre un peu plus en possession de lui-même et de l'univers, ce n'est pas pour se replier sur son bien mais pour avoir davantage à offrir, comprenant qu'il n'a pas à s'arrêter dans l'acte par lequel il s'achève, mais à se transcender."

The 1949 Story in American Hospitals

It cost the general hospitals of United States an average of \$14.33 per patient per day during 1949, a figure which is up from the \$13.09 it cost in 1948, and the \$11.09 of

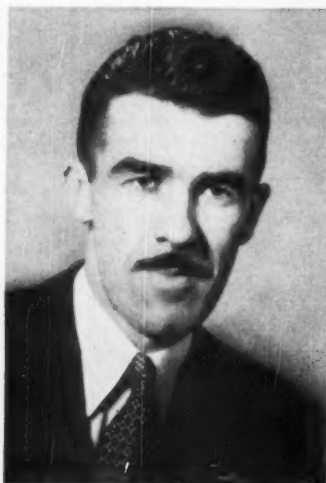
1947. According to the annual survey of the American Hospital Association, the income of the nation's general hospitals, although closer to costs than in the previous year, still averaged \$2.59 a day less per patient than the cost of the patient's care.

Hospitals' expenditures were up one-half billion dollars in 1949, reaching a new high of \$3,500,000,000, and the number of hospital patients increased by one million to a total of nearly 18,000,000, or one in eight. However, patients did not stay as long. The average stay was 8.3 days, almost half a day less. Blue Cross and other prepayment plans helped to cover the cost of patient care. It was also found that there were more hospital employees to care for the patients. For each 100 patients, short term hospitals had 169 employees. This was seven more than in 1948. The increase in employees was influenced by the trend toward a shorter work week for hospital personnel and to continuing improvements in patient care and service.

Merck & Co. Appointments



W. B. HONEYWELL
Toronto



D. H. DUGANS
Vancouver



W. K. PALMER
Winnipeg

The creation of three new regional managers in Toronto, Winnipeg and Vancouver, has been announced by Merck & Co. Limited, Montreal. Mr. Honeywell will continue to make his headquarters in Toronto and will be responsible for the Province of Ontario. Mr. Palmer's territory, with headquarters at Winnipeg, will include the provinces of Manitoba and Saskatchewan. Mr. Dugans will maintain headquarters in Vancouver and his region will include Alberta and British Columbia.



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PETERBOROUGH CIVIC HOSPITAL

The decision to use Marboleum for this splendid new hospital is the best possible testimonial to the outstanding service which Marboleum has rendered through many years to hospitals all across Canada. Quiet, long-lasting, easy to keep clean, germicidal, restful to the eye, cushioning to the step—Marboleum has in superlative degree every quality requisite to the most modern hospital floors.



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Makers also of the famous Dominion Battleship Linoleum



ARE YOU 'ON THE HOOK' ABOUT FOOD BILLS?

If you're the manager or dietitian of an institution, your answer will be "Yes!" Food prices are constantly rising, many commodities are in short supply . . . yet you must stay within the budget and still maintain good standards of nutrition. Here's one solution to that increasingly difficult problem. Use more fish.

A vast number of deliciously different dishes are possible with fish . . . low-cost meals that bring delightful surprises to routine diets. You

have over 60 varieties of Canadian sea fish, shellfish and fresh water fish from which to choose. Many are available in fresh, frozen, smoked, dried, pickled and canned form.

Fish served alone is tempting and appetizing enough, but it also adds a zest and tang to everyday foods such as vegetables and salads. However prepared, you'll find that using more fish is a welcome change that cuts costs, keeps meals at the height of interest . . . and gets you "off the hook".



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And don't forget Kalyx Drinking Cups—they're produced in the same modern plant, in a neat, one-piece, flat bottom style that makes them a pleasure to use.

For across-the-board economy—use Kalyx! Order through your jobber, or inquire from



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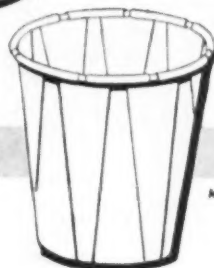
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Committee Considers Statistical Schedules

The Continuing Committee on Hospital Statistics met in Ottawa from July 24-26 to consider further, revision of the schedules for reporting general and financial hospital statistics.

The Continuing Committee is one of the technical committees set up on the recommendation of the Dominion - Provincial Conference on Hospital Statistics held in February, 1949. The objective of this, its second meeting, was (1) to review suggestions brought forward by the hospital field and provincial departments of health; and (2) to consolidate these into revised reporting schedules and definitions for consideration by the Dominion-Provincial Conference. It was recommended that the Committee be reconvened at the earliest practical date.

The meeting was under the chairmanship of J. T. Marshall, Assistant Dominion Statistician; and the Committee consisted of Dr. J. J. MacRitchie, Dr. A. Bossinotte, Dr. M. E. J. Stalker, Robert Clements, D. W. Simmons, F. F. Harris, and Murray Ross, with George N. Barker of the Bureau of Statistics as Secretary. The Department of National Health and Welfare, the Department of Veterans Affairs, and the Bank of Canada respectively, were represented by Dr. G. E. Wride, Dr. G. A. Winfield, and J. E. Howes.

Alberta Survey Finds Tuberculosis Rate Dropping

A preliminary report has been issued on the Survey and Prevention Campaign now being conducted by the Tuberculosis Division of the Alberta Department of Health. Mass surveys are being made with mobile chest x-ray units provided by the Alberta Tuberculosis Association through Christmas Seal funds. Of the 619,160 persons x-rayed during April, May, and June, probable tuberculosis cases number 883 active and 5,807 inactive. Other abnormalities found numbered 19,112.

It is interesting to observe that a comparison of results at points where a previous survey has been conducted shows a 55 per cent increase in turnout and a 60 per cent

decrease in cases of active tuberculosis found. There was a slight increase in the number of "other abnormalities" detected. In connection with the latter, it has been noted that cancer of the lung seems to be increasing.

Tuberculin testing is becoming more widespread, and a number of clinics, health units, and even general practitioners are now testing all patients. This is a valuable screening process and is assisting materially in Alberta's case-finding program. To encourage the using of this test, the Alberta association is prepared to supply any required quantity of material for tuberculin tests free to any hospital, health unit, clinic, public health nurse or physician in the province.

Communicable Disease

(Concluded from page 80)

hospitals as far as communicable diseases are concerned.

(d) Some of the isolation techniques appear to need simplification, revision and, in several instances, deletion.

Recommendations

1. The American Public Health Association has a responsibility to guide the development of modern facilities and practices for the economical hospital care of communicable diseases.

2. It would be helpful if a committee were set up, consisting of a representative from the Laboratory, Engineering and Epidemiology Sections of the American Public Health Association, representatives of the American Academy of Paediatrics, and of the American Hospital Association, to consider simplifying the physical requirements for isolation units so that they can become an integral part of the general hospital, and to outline in simple terms the basic requirements for isolation techniques that will be in keeping with present knowledge of infectious disease.

Hospital: derived from the Latin "hospes", meaning a guest or a host. Thus hospitals are hosts or hostels for receiving sick guests.

Nurse: comes from the Latin "nutria". It literally means a mother to the sick.

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Coming Conventions

Sept. 18-21—American Hospital Association, Atlantic City.

Oct. 9-13—A.H.A. Institute on Dietetics, Washington, D.C.

Oct. 10—Saskatchewan Conference, C.H.A., St. Paul's Hospital, School of Nursing, Saskatoon.

Oct. 11-12—Saskatchewan Hospital Association, Saskatoon.

Oct. 16-21—Western Canada Institute for Administrators and Trustees, Fort Garry Hotel, Winnipeg.

Oct. 21—Manitoba Hospital Association, Fort Garry Hotel, Winnipeg.

Oct. 21-23—B.C. Conference of Catholic Hospitals, St. Paul's Hospital, Vancouver.

Oct. 23-27—Clinical Congress of American College of Surgeons, Statler and Copley Plaza Hotels, Boston.

Oct. 23-Nov. 3—A.H.A. Personnel Management Institute, Cornell University, Ithaca, N.Y.

Oct. 24-27—British Columbia Hospitals' Association, Vancouver Hotel, Vancouver.

Oct. 25-26—B.C. Association of Hospital Auxiliaries, Vancouver Hotel, Vancouver.

Oct. 26-27—Associated Auxiliaries of the Hospitals of Alberta, Palliser Hotel, Calgary.

Oct. 26-28—Associated Hospitals of Alberta, Palliser Hotel, Calgary.

Oct. 28-30—Canadian Association of Occupational Therapy, Royal York Hotel, Toronto.

Oct. 30-Nov. 1—Ontario Hospital Association, Royal York Hotel, Toronto.

Oct. 30-Nov. 1—Women's Hospital Aids Association, Ontario, Royal York, Toronto.

Nov. 2-3—Ontario Conference of the Catholic Hospital Association, Toronto.

Nov. 5-6-7—Canadian Association of Occupational Therapy, Chateau Laurier, Ottawa.

Appointment at Sanatorium, Corner Brook, Nfld.

Dr. E. S. Peters has been appointed superintendent of the new West Coast Sanatorium, Corner Brook, Newfoundland. A member of the Rockefeller Institute, Dr. Peters has had extensive experience in tuberculosis treatment and research. After graduating from McGill University in 1933, he spent two years at the Montreal General Hospital, where he specialized in chest diseases. In 1935 he was appointed assistant superintendent of the St. John's Sanatorium, Nfld. Later he became tuberculosis officer with the Department of Public Health. While acting in this capacity, Dr. Peters made a survey of tuberculosis in Newfoundland and his findings were used to determine the size and type of the 270-bed West Coast sanatorium.

New Health Programs Planned by W.H.O.

The World Health Organization, in conjunction with the United

Nations Relief and Works Agency, is undertaking new projects to improve health and sanitation in Palestine refugee camps.

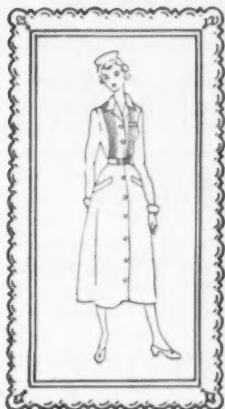
These new activities were planned when voluntary agencies transferred medical and supply services to UNRWA. The program will sponsor sanitation work, nutritional survey, venereal disease control and health education.

Medical supplies and other materials have been provided by the United Nations International Children's Emergency Fund.

Something New Has Been Added

Regina General Hospital has something new. A brace-making shop is being set up in the hospital which will equip patients requiring orthopaedic aids in that district.

Much of the equipment has arrived and a bracemaker, J. Hahn, has been at work for some time. Mr. Hahn was trained at the Michael Reese hospital, Chicago, with the aid of a national health bursary.



Distinctively Designed Nurse's Uniform

Illustrated Style No. 583. Generously tucked bodice, serged seams, detachable buttons. Sanitized Poplin or Sharkskin. Sizes 32-44.

Styled to give your nursing staff that neat, clean cut appearance, Ella Skinner Uniforms are individually designed... offer a high degree of quality and workmanship. Many new and different designs are now available. We specialize in original uniform designs that are practical. Our know-how in this field is backed

up with 25 years experience in the manufacture of uniforms. You save by buying direct from the manufacturer. Write today if you can not drop in... will be glad to mail you sketches.

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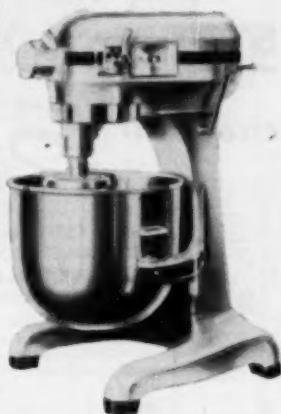
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MIXING, BEATING, WHIPPING ACTION
WITH ANY OTHER MIXER!

Hobart's famous Planetary Action covers every point in the bowl and treats every part of the batch alike. It blends and aerates all ingredients thoroughly—uniformly. And that's not all! Hobart's Positive Speed Control guarantees the same speed regardless of batch, ensuring exact fidelity to recipes. Takes drudgery out of such kitchen tasks as Whipping Cream, Mashing Potatoes, Pie Dough and many other time and cost-consuming jobs.

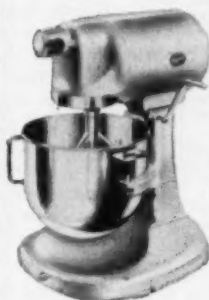
A-200 HOBART MIXER

(Right) An all-purpose, combination light and heavy duty bench-type mixer, 20 quart capacity, with a 1/3 H.P. specially designed ball-bearing motor. 3-speed selective transmission. Can be used with a wide range of attachments. Finished in gray, attractively striped, approximately 30 inches high.



N-50 HOBART MIXER

(Left) Features the same planetary action used on larger Hobart mixers. Widely adaptable for diet kitchen, laboratory or test uses. 5 quart capacity, with 1/8 H.P. motor. 3-speed selective transmission. Gray finish, approximately 17 inches high.



There's a Hobart Mixer for every need—in sizes ranging from 5 quart up to 140 quart capacities. Ask your Hobart representative for full details and specifications.

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OF STERILIZATION:
TIME, STEAM,
AND TEMPERATURE**

Heat alone is not enough for sterilization in your autoclave. Nor are steam and time enough. You need the combined action of all three. That is why more and more

hospitals are safeguarding patients by putting an ATI Steam-Clox tag in every surgical pack.

*** TIME** No matter what the temperature and steam pressure inside your autoclave, ATI Steam-Clox can NOT change color until exposed long enough for destruction of all bacteria—with an ample margin of safety.

*** STEAM** If instead of pure bacteria-killing steam, you have residual air in your autoclave, a longer exposure is definitely required to kill the bacteria—and to turn ATI Steam-Clox from purple to green.

*** TEMPERATURE** Lower temperature requires a longer time to destroy bacteria—and to change ATI Steam-Clox from purple to green.

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Please send me samples of ATI Steam-Clox and helpful data on autoclave sterilization.

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Organisation Hospitalière (Concluded from page 35)

vaut mieux, dans le cas des hôpitaux de cette grandeur, que l'accommodation pour les malades et les facilités de diagnostic se trouvent sur le même étage. Pour eux, le plan le plus commode, c'est un plan en forme de croix.

Dans la majorité de nos centres, l'idéal, ce sont probablement des hôpitaux de 100 à 250 lits, et nous constatons que, dans leur cas, des édifices de 4 à 6 étages sont très satisfaisants. La forme que prendra un édifice dépend d'un certain nombre de facteurs, mais l'on constate habituellement qu'on a beaucoup plus besoin d'espace au rez-de-chaussée qu'aux étages supérieurs.

En traçant les plans d'un hôpital moderne, il faut s'efforcer de prévoir ce qu'on attendra de cet hôpital dans l'avenir, à la suite du progrès perpétuel de la science médicale et, aussi, de l'évolution de notre société, qui comprend de mieux en mieux les avantages de la médecine préventive et de l'hygiène publique en général.

De plus en plus, nous regardons nos hôpitaux comme des centres préposés à la santé collective. On recommande que nos hôpitaux les plus importants étudient la possibilité d'admettre les malades qui doivent recourir, pendant une brève période de temps, aux services d'un psychiatre et que l'on pourrait soumettre à un traitement actif, ce qui épargnerait ainsi à ces malades la flétrissure de devenir pensionnaires d'une maison de santé provinciale.

Malades Chroniques

A mesure que la médecine continue de prolonger la durée de notre vie, le problème des vieillards et des infirmes devient de plus en plus difficile à régler. Ne serait-ce que pour des motifs égoïstes, nous devrions mettre des aménagements à la disposition des malades chroniques, afin de libérer les lits qu'ils occupent à l'heure actuelle dans nos hôpitaux généraux.

On peut donner de bons soins à ces malades dans des hôpitaux organisés à ces fins, et à un taux beaucoup plus bas que le tarif quotidien des hôpitaux généraux. On pourrait les installer dans une aile d'hôpitaux général ou dans un endroit rap-

proché où ils pourraient recevoir les soins médicaux requis.

Un hôpital de ce genre fonctionne à Windsor (Ont.), à un tarif quotidien de \$3.91 par malade. La modicité de ce prix s'explique de plusieurs façons. L'effectif du personnel est moins élevé, mais on ne lésine pas sur les salaires. Au contraire. Le chef, par exemple, reçoit \$350 par mois. Plus de 40 menus différents donnent de la variété aux repas. On achète tout ce qu'on peut directement des manufacturiers, des fabricants de salaisons et de conserves.

Des appareils de télévision sont installés dans toutes les salles occupées pendant le jour et dans la salle des enfants. Ils sont très populaires et permettent d'amener le monde extérieur auprès de ces malades qui, autrement, n'auraient pas d'autres horizons que les terrains de l'hôpital. Ce n'est peut-être là qu'un avant-goût de ce que nous pouvons attendre dans l'avenir, spécialement dans les hôpitaux où les malades restent longtemps.

Des hôpitaux des Etats-Unis télévisent les opérations chirurgicales, parfois en couleurs. On est en train de fabriquer une lampe spéciale qui permettra de prendre des films en couleurs d'opérations chirurgicales.

La Thérapie de la Musique

La musique a une valeur thérapeutique. Des recherches et des expériences récentes poursuivies aux dispensaires de l'Université de Chicago démontrent que la musique qui parvient aux malades au moyen d'écouteurs, dans les salles d'opération, aide à réduire la crainte et réussit à étouffer les bruits malencontreux de la salle d'opération. L'anesthésiste s'aperçoit que le malade est moins agité et qu'il emploie moins d'anesthésique. Les chirurgiens constatent que les malades sont plus calmes, ce qui facilite leur travail. Ils peuvent aussi faire plus facilement de l'enseignement à haute voix. Il s'agit, bien entendu, des anesthésies locales et rachidiennes.

L'expérience dira peut-être s'il faut faire appel plus souvent à la musique dans nos hôpitaux.

(à suivre en octobre)

It always seems to take so much longer to convalesce when compensation sets in!

The CANADIAN HOSPITAL

In Peterborough
Civic Hospital—

double-hung
double-glazed
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Infant Feeding



CROWN Brand and Lily White Corn Syrups are well known to the medical profession as a thoroughly safe and satisfactory carbohydrate for use as a milk modifier in the bottle feeding of infants.

These pure corn syrups can be readily digested and do not irritate the delicate intestinal tract of the infant.

Either may be used as an adjunct to any milk formulae.

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- ☐ Book "CORN SYRUP FOR INFANT FEEDING".
- ☐ INFANT FORMULA PADS.
- ☐ Book "THE EXPECTANT MOTHER".
- ☐ Book "DEXTROSOL".

Name

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Chatham Nurses Honoured for Long Service

A notable record of lengthy service has been set by three nurses, all graduates of the Chatham Public General Hospital, and by the chief dietitian. Lila M. Baird, Reg. N., Office Manager and Secretary-Treasurer; Winnifred Fair, Reg.N., Assistant Director of Nursing; E. Edna Orr, Reg.N., Medical Records Librarian, and Edythe Patterson, Dietitian, have all served their hospital for twenty-five years or longer. Portraits of these four staff members appear in the 59th annual report of the hospital as a tribute to their long years of outstanding service.

Hobby Page

(Concluded from page 43)

just put it in the ice-box, until it is ready to behave for the camera.

Dr. White, who is on the staff of the Welland County General Hospital, Welland, Ont., has been awarded prizes for his photo-

graphs. "Climax" won first prize at the Physicians Art Salon held in 1948, and "Song at Twilight" won an award of merit at the Salon held in 1949—both in the monochrome photography division.

Return Journey

The C.B.C. Department of Talks and Public Affairs is currently broadcasting a series of six dramas, written around the lives of people with permanent disabilities, in an effort to show that, with help and perseverance, these people may make a new life for themselves.

The broadcasts, which commenced on September 5th and will continue to October 10th, are being heard on the C.B.C. Dominion network on Tuesday evenings at 8.00 to 8.30 p.m. E.D.T. A rebroadcast from Winnipeg will reach Western Canada at 11.30 to 12.00 Mid. E.D.T.

During the series such disabilities as deafness, serious injuries, arthritis, mental illness, and cerebral palsy will be dramatized.

Hospitals Must be Prepared

(Concluded from page 44)

members of the hospital staff, from the administrator to the laboratory technician, from the medical director to the laundry staff, as well as the co-operation of government authorities, the Red Cross and first aid units, and the community at large. All must work together to give relief to a group of suffering people, the victims of a sudden misfortune, be it the result of an act of God or an act of man.

Cheats and Bubbles

(Concluded from page 76)

common in you, and give you Credit for the rest. But as I have here taken much Liberty with this learned Doctor, I must make up all I have said by repeating what he seems to be in Earnest in, and honestly promise to those who will not receive him as a great Man; to wit, That from Eight to Twelve, and from Two till Six, he attends for the good of the Publick to bleed for Three Pence.

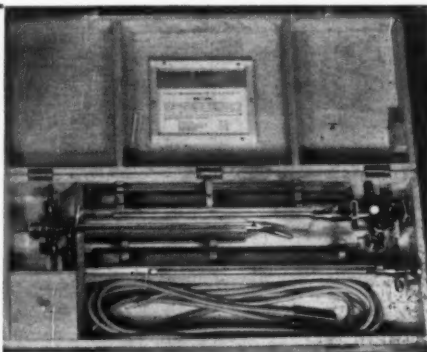


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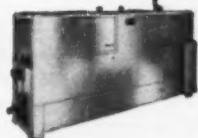
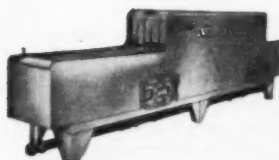
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AC-80

Provincial Notes
(Concluded from page 62)

Manitoba

WINNIPEG. Victoria Hospital is being enlarged to twice its size with the addition of a five-storey reinforced brick and concrete structure. It will provide 96 more beds and will be erected at a cost of approximately \$400,000. Alterations are also being made to the present hospital building which will improve accommodation and provide space for a maximum of 78 patients.

FLIN FLON. The Flin Flon General Hospital is building an addition which will provide space for 75 beds and 18 bassinets. It will be a reinforced three-storey fireproof building with brick facing. A. E. Cubbage of Winnipeg is the architect.

Saskatchewan

NIPAWIN. The Saskatchewan Health Services Planning Commission has approved an application of the Nipawin Union Hospital Board

for permission to build a 25-bed addition to the present 50-bed hospital. The commission stipulated that the structure will have to be fireproof and should be built with a view to making further extensions.

CANORA. A new wing was added recently to the Canora Union Hospital and the old building was completely renovated. A new staff residence was purchased and a heating system installed to supply both hospital and residence. Total cost of the whole project was approximately \$213,788.

Alberta

VULCAN. The new 16-bed wing of the Vulcan Municipal Hospital was opened recently. The building is of brick construction and provides many new services and facilities among which are an operating room, x-ray room, modern kitchen, and administrative offices. Renovations were also made to the older part of the building. Cost of the new wing was approximately \$125,000.

EDMONTON. A new 80-bed addition is being erected at the Misericordia Hospital which will cost approximately \$500,000. To be built on the front centre of the hospital, the addition will rise five storeys and will be topped by an elevator penthouse. The new building will allow for division of the hospital into specialized departments and will also make it possible for admission and discharge offices to be on street level. Architects are Rule, Wynn, and Rule.

British Columbia

VANCOUVER. A construction program under way at the Vancouver General Hospital includes the completion of a 344-bed convalescent building; a new \$1,000,000 nurses' home; and a proposed 500-bed unit for the treatment of acute diseases.

What is a cynic? A man who knows the price of everything, and the value of nothing.—Oscar Wilde.

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Purchasing Agent Reports (Concluded from page 37)

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Painters, helpers	3
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Miscellaneous

Part-time assistance (aver.).....	1 1
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The occasional contract is made for a special undertaking and the work is supervised by the department director.

Health Care Plans

(Concluded from page 56)

throughout the year, including the two-month vacation period, while the three remaining services are offered only during the ten-month academic year.

* * * *

On the Up and Up

To keep pace with the rising costs of hospital care and to assure high standards of service to members, the average daily payment to member hospitals by New York City's Blue Cross Plan has increased from \$6.00 a day in 1936 to nearly \$16.00 a day at the present time. Since the plan was established in 1935, hospitals in that area have been paid more than \$182,600,000 for the care of subscribers.

* * * *

The Chinese Have Done it for Ages

The president of a store in Portland, Oregon, had this to say after his employees had enrolled in Blue Cross: "The benefits of the Blue Cross seem to include the application of the age old method of the Chinese, who pay the doctor when

they are well and can afford to. Also, the doctor benefits most when members keep well, a wise incentive plan for them. To this is added the modern competitive method of free choice of hospitals and physicians, so members have free election as to whom they will trust with their health and physical welfare. Therefore we believe that the Blue Cross Plan offers a wide and beneficial service to our staff."—Blue Cross Bulletin.

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The new Hospital for Sick Children, Toronto (630 beds) has an opening for a Registered Record Librarian in a senior position. Staff of eight assistants. University teaching hospital in Paediatrics and Children's Surgery. Standard nomenclature. Please address applications or enquiries to Joseph H. W. Bower, Superintendent, The Hospital for Sick Children, 67 College St., Toronto.

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"Polyethylene, a New Synthetic Plastic for Use in Surgery", F. D. Ingraham, M.D., E. Alexander, Jr., M.D., D. D. Matson, M.D.; J.A.M.A., Sept. 19, 1947.

"Synthetic Plastic Materials in Surgery", F. D. Ingraham, M.D., E. Alexander, Jr., M.D., D. D. Matson, M.D.; New England J. Med., March 6 and 13, 1947.

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Supplied in sterile tins each containing 10 pieces 4" x 4", and in continuous strips 72" x 4".

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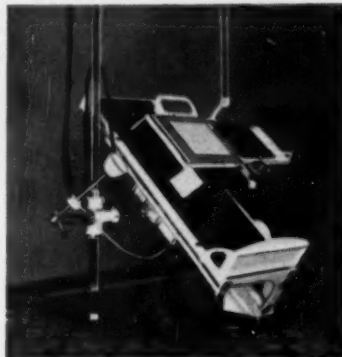
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- BBT KRAUSS Microscopes

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Federal Grants

(Concluded from page 54)

search through the purchase of additional clinical equipment.

Further research into methods of producing BCG* vaccine for the control of tuberculosis is being carried on at the University of Montreal with grants from federal health funds. The studies will concentrate on overcoming certain disadvantages in Calmette's method of producing BCG by exploring further a process used by Dubos. Research will also be continued to develop a BCG vaccine which is more active and deprived of toxic fractions and other fractions useless in the immunization process. Cost of the two research projects this year is estimated at \$7,750. This amount will help to cover salaries of part-time and full-time research workers and the purchase of scientific apparatus for their studies.

*BCG is scientific shorthand for *Bacillus-Calmette-Guerin*, a living tubercle bacillus of bovine origin developed after years of experimentation by two French scientists, Calmette and Guérin and now widely used as a preventive measure.

chase of scientific apparatus for their studies.

In New Brunswick more than \$6,400 has been allotted in federal grants for tuberculosis control. At the Saint John Hospital, Saint John, consultants in gynaecology, urology, and medicine are to be added to the staff to take care of the considerable number of patients from other sanatoria who are sent to this hospital for special gynaecological and urological investigations. At St. Joseph's Sanatorium, St-Basile, a doctor with special training in paediatrics will be retained to work in the children's section. At the Sanatorium Notre Dame de Lourdes, Vallée Lourdes, an operating room has recently been equipped, and funds are being set aside to obtain the part-time services of a surgeon and an anaesthetist. An anaesthetist is to be added also to the staff of St. Joseph's Sanatorium, and both institutions are to obtain dentists to provide dental services for their patients.

At the Moncton Tuberculosis

Hospital an intern is being engaged for six months to assist the medical staff.

More Hospital Regionalization, Research, and Study, in U.S.A.

Dr. Brooks Ryder, Administrator of the Bingham Associates Program in Boston, has been appointed a consultant to the Public Health Service, Washington. He will work with the Division of Medical and Hospital Resources in developing programs of regional hospital co-ordination.

The Public Health Service recently has been given the responsibility for research, studies, and demonstrations, affecting hospital services, facilities, and resources. The Bingham Associates have pioneered in the field of hospital co-ordination, with particular emphasis on improvement of clinical services. Therefore, it is felt that Dr. Ryder's experience will be of particular value in the clinical and co-ordination aspects of the program.

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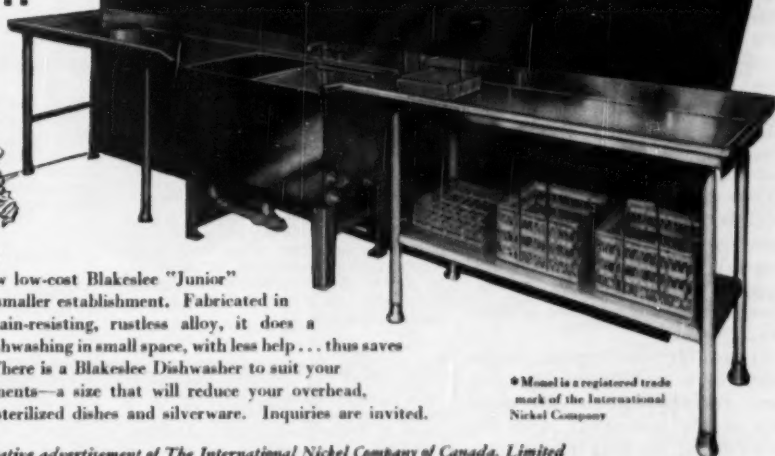
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Please send me free set of rubber cushion glides for wooden legs 1. 2. 3.

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C.H.S.

"House of Mercy" New A.H.A. Film

In co-operation with the American Hospital Association, a new documentary film entitled "House of Mercy" has been produced by RKO-Pathé. The locale is the Princeton Hospital, Princeton, New Jersey, where the story is dramatically unfolded of how one person in the community comes to appreciate the importance of his hospital. Although, as the film points out, most community institutions are taken for granted by everyone, the hospital is given meaning for one George Mitchell through an accident to his son. By means of narration supported by photographs of nearly every department in the hospital, an exciting tale of the "House of Mercy" and how it operates is told.

Except for the central figure, played by a professional actor, all parts are portrayed by the members of the community and the personnel of the hospital.

At the conclusion of its commercial showings at theatres through-

out the nation, 16 mm. prints of the film will be made available through the Association. Plans have been made for a special showing at the annual convention in Atlantic City in September.

WANTED — DIETITIAN

at once. For information apply to the Superintendent, Charlotte County Hospital, St. Stephen, N.B.

GRADUATE NURSES

The Drumheller Municipal Hospital requires graduate nurses now. Gross salary \$170.00 per month, \$35.00 deducted for Board and Room. A bonus of \$50.00 is paid for each twelve months of continuous service. Three weeks vacation with pay after one year. Generous sick pay after one year. Apply giving references to Miss G. M. Smith, Superintendent of Nurses, Drumheller Municipal Hospital, Drumheller, Alberta.

RADIOLOGIST

Certified or eligible. 400-bed hospital — active department. Must be interested in X-Ray and Radium Therapy. Excellent remuneration. Apply to Director, Royal Columbian Hospital, New Westminster, British Columbia.

POSITION WANTED—CHIEF OR ASSISTANT DIETITIAN

Thoroughly experienced. Has been employed for three years in one of Western Ontario's largest and best governed hospitals. Desires change, available October 1st. Apply to Box 913P, The Canadian Hospital, 57 Bloor St. West, Toronto.

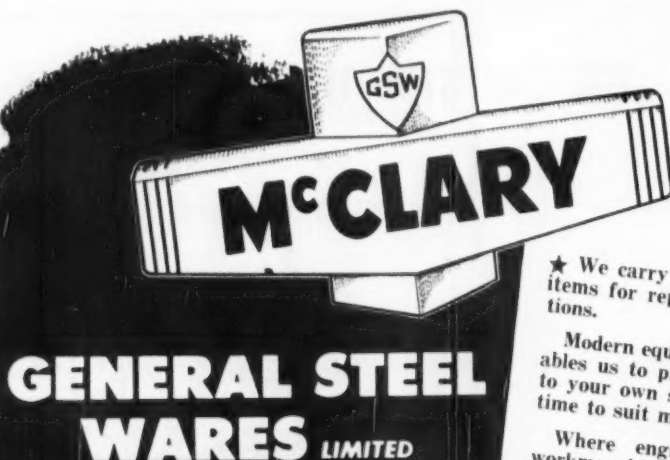
WANTED

REGISTERED MEDICAL RECORD LIBRARIAN

The Trail-Tadanac Hospital, Trail, B.C., requires a registered Record Librarian to organize and take charge of this department. Standard Nomenclature. Address communications to Administrator, Trail-Tadanac Hospital, Trail, B.C.

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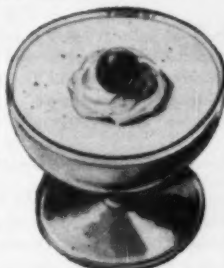
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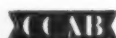
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EARLY**

In order to ensure delivery of your orders at the time goods are needed, we request you to place your requirements 3 to 6 months in advance.

**SALES
TAX**

Sales Tax will be added to billings unless orders are accompanied by Regulation Sales Tax Exemption Certificate.



STYLE NO.
356
(Sizes 34 to 44)
This single piece garment (no buttons required) is in great demand for Surgeon's work. Features one piece design with adjustable tie belt. Cut sizes available at slightly higher prices.



STYLE NO.
431
SURGEON'S
OPERATING
GOWN

Sizes Small, Medium and Large. With or without knitted cuffing, as desired.

COLOUR

In line with the newly revived trend towards colour, we will be pleased to quote on all types of coloured operating room apparel and cotton accessories. Full information gladly supplied on request.

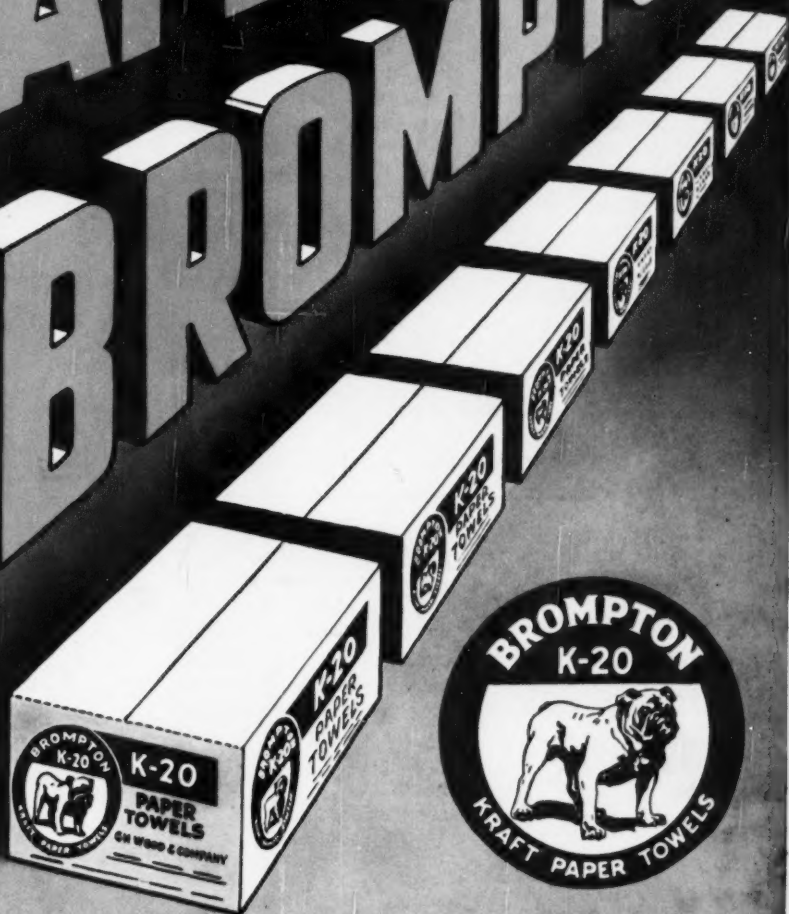
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